

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Dr. Jeremy Roth

Signature of Treasurer Dr. Jeremy Roth [Electronically Filed] Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		110013.41
(b) Cash on Hand at Beginning of Reporting Period.....	116198.20	
(c) Total Receipts (from Line 19) .....	33005.00	56380.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	149203.20	166393.41
7. Total Disbursements (from Line 31).....	37849.80	55040.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	111353.40	111353.40
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	31840.00	37540.00
(ii) Unitemized .....	1165.00	18840.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	33005.00	56380.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	33005.00	56380.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	33005.00	56380.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	33005.00	56380.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	7899.80	17840.01
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	7899.80	17840.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	29950.00	34700.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	37849.80	55040.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29950.00	37200.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	33005.00	56380.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	33005.00	56380.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Hasan Abed**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Waterbird Court  
 City State Zip Code  
 Cockeysville MD 21030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7635**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Hasan Abed**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Waterbird Court  
 City State Zip Code  
 Cockeysville MD 21030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2013  
**Transaction ID : SA11AI.7746**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Hasan Abed**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Waterbird Court  
 City State Zip Code  
 Cockeysville MD 21030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2013  
**Transaction ID : SA11AI.7830**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Hasan Abed**  
 Mailing Address 15 Waterbird Court  
 City State Zip Code  
 Cockeysville MD 21030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2013  
**Transaction ID : SA11AI.7923**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

Full Name (Last, First, Middle Initial)  
**B. Hasan Abed**  
 Mailing Address 15 Waterbird Court  
 City State Zip Code  
 Cockeysville MD 21030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : SA11AI.8017**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

Full Name (Last, First, Middle Initial)  
**C. Hasan Abed**  
 Mailing Address 15 Waterbird Court  
 City State Zip Code  
 Cockeysville MD 21030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8114**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Hasan Abed**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Waterbird Court

City Cockeyesville State MD Zip Code 21030

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 31 / 2013**

**Transaction ID : SA11AI.8207**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**B. Marc Azran**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Hillsboro Drive

City Silver Spring State MD Zip Code 20902

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **07 / 25 / 2013**

**Transaction ID : SA11AI.7604**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**C. Marc Azran**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Hillsboro Drive

City Silver Spring State MD Zip Code 20902

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **08 / 23 / 2013**

**Transaction ID : SA11AI.7703**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 221  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Marc Azran**

Mailing Address 800 Hillsboro Drive

City State Zip Code  
Silver Spring MD 20902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2013  
**Transaction ID : SA11AI.7799**

Amount of Each Receipt this Period  
50.00

Payroll deduction

Full Name (Last, First, Middle Initial)  
**B. Marc Azran**

Mailing Address 800 Hillsboro Drive

City State Zip Code  
Silver Spring MD 20902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2013  
**Transaction ID : SA11AI.7893**

Amount of Each Receipt this Period  
50.00

Payroll deduction

Full Name (Last, First, Middle Initial)  
**C. Marc Azran**

Mailing Address 800 Hillsboro Drive

City State Zip Code  
Silver Spring MD 20902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2013  
**Transaction ID : SA11AI.7986**

Amount of Each Receipt this Period  
50.00

Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Marc Azran**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Hillsboro Drive

City Silver Spring State MD Zip Code 20902

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8080**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

**B. Marc Azran**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Hillsboro Drive

City Silver Spring State MD Zip Code 20902

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8175**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

**C. Dr. Maksim Barkinskiy**  
Full Name (Last, First, Middle Initial)

Mailing Address 10021 Dickens Avenue

City Bethesda State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7598**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **150.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Maksim Barkinskiy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10021 Dickens Avenue  
 City Bethesda State MD Zip Code 20814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 23 / 2013  
**Transaction ID : SA11AI.7697**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Maksim Barkinskiy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10021 Dickens Avenue  
 City Bethesda State MD Zip Code 20814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2013  
**Transaction ID : SA11AI.7793**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Maksim Barkinskiy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10021 Dickens Avenue  
 City Bethesda State MD Zip Code 20814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2013  
**Transaction ID : SA11AI.7887**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Maksim Barkinskiy**  
Full Name (Last, First, Middle Initial)

Mailing Address 10021 Dickens Avenue

City Bethesda State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : SA11AI.7980**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

**B. Dr. Maksim Barkinskiy**  
Full Name (Last, First, Middle Initial)

Mailing Address 10021 Dickens Avenue

City Bethesda State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8071**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

**C. Dr. Maksim Barkinskiy**  
Full Name (Last, First, Middle Initial)

Mailing Address 10021 Dickens Avenue

City Bethesda State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8168**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Marc Beck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Norris Run Court  
 City Reisterstown State MD Zip Code 21136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 25 / 2013  
**Transaction ID : SA11AI.7619**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Marc Beck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Norris Run Court  
 City Reisterstown State MD Zip Code 21136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 23 / 2013  
**Transaction ID : SA11AI.7761**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Marc Beck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Norris Run Court  
 City Reisterstown State MD Zip Code 21136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2013  
**Transaction ID : SA11AI.7815**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Marc Beck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Norris Run Court  
 City Reisterstown State MD Zip Code 21136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2013  
**Transaction ID : SA11AI.7908**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Marc Beck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Norris Run Court  
 City Reisterstown State MD Zip Code 21136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 25 / 2013  
**Transaction ID : SA11AI.8002**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Marc Beck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Norris Run Court  
 City Reisterstown State MD Zip Code 21136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 24 / 2013  
**Transaction ID : SA11AI.8099**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Marc Beck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Norris Run Court  
 City Reisterstown State MD Zip Code 21136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2013  
**Transaction ID : SA11AI.8192**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Jeffrey Briggs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14952 Finegan Farm Rd.  
 City Germantown State MD Zip Code 20874  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 25 / 2013  
**Transaction ID : SA11AI.7575**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Jeffrey Briggs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14952 Finegan Farm Rd.  
 City Germantown State MD Zip Code 20874  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 23 / 2013  
**Transaction ID : SA11AI.7674**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Jeffrey Briggs**  
Full Name (Last, First, Middle Initial)

Mailing Address 14952 Finegan Farm Rd.

City Germantown	State MD	Zip Code 20874
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2013

**Transaction ID : SA11AI.7770**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

**B. Dr. Jeffrey Briggs**  
Full Name (Last, First, Middle Initial)

Mailing Address 14952 Finegan Farm Rd.

City Germantown	State MD	Zip Code 20874
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2013

**Transaction ID : SA11AI.7864**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

**C. Dr. Jeffrey Briggs**  
Full Name (Last, First, Middle Initial)

Mailing Address 14952 Finegan Farm Rd.

City Germantown	State MD	Zip Code 20874
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2013

**Transaction ID : SA11AI.7958**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Jeffrey Briggs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14952 Finegan Farm Rd.  
 City State Zip Code  
 Germantown MD 20874  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8049**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. Jeffrey Briggs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14952 Finegan Farm Rd.  
 City State Zip Code  
 Germantown MD 20874  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8146**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Dr. John Bunker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15229 National Pike  
 City State Zip Code  
 Hagerstown MD 21740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7659**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. John Bunker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15229 National Pike  
 City Hagerstown State MD Zip Code 21740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 23 / 2013  
**Transaction ID : SA11AI.7733**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. John Bunker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15229 National Pike  
 City Hagerstown State MD Zip Code 21740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2013  
**Transaction ID : SA11AI.7843**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. John Bunker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15229 National Pike  
 City Hagerstown State MD Zip Code 21740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2013  
**Transaction ID : SA11AI.7936**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Dr. John Bunker</b>		Date of Receipt MM / DD / YYYY 11 / 25 / 2013 <b>Transaction ID : SA11AI.8030</b>
Mailing Address 15229 National Pike		Amount of Each Receipt this Period 50.00
City Hagerstown	State MD	Zip Code 21740
FEC ID number of contributing federal political committee. C	Payroll deduction	
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. John Bunker</b>		Date of Receipt MM / DD / YYYY 12 / 24 / 2013 <b>Transaction ID : SA11AI.8127</b>
Mailing Address 15229 National Pike		Amount of Each Receipt this Period 50.00
City Hagerstown	State MD	Zip Code 21740
FEC ID number of contributing federal political committee. C	Payroll deduction	
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. John Bunker</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2013 <b>Transaction ID : SA11AI.8221</b>
Mailing Address 15229 National Pike		Amount of Each Receipt this Period 50.00
City Hagerstown	State MD	Zip Code 21740
FEC ID number of contributing federal political committee. C	Payroll deduction	
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Rachel Cappuccino**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2811 Sommersby Rd.  
City Mt. Airy State MD Zip Code 21771  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anestheisa Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **225.00**

Date of Receipt **10 / 25 / 2013**  
**Transaction ID : SA11AI.7930**  
Amount of Each Receipt this Period **25.00**  
Payroll deduction

**B. Dr. Rachel Cappuccino**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2811 Sommersby Rd.  
City Mt. Airy State MD Zip Code 21771  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anestheisa Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 25 / 2013**  
**Transaction ID : SA11AI.8024**  
Amount of Each Receipt this Period **25.00**  
Payroll deduction

**C. Dr. Rachel Cappuccino**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2811 Sommersby Rd.  
City Mt. Airy State MD Zip Code 21771  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anestheisa Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **275.00**

Date of Receipt **12 / 24 / 2013**  
**Transaction ID : SA11AI.8121**  
Amount of Each Receipt this Period **25.00**  
Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... **75.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Dr. Rachel Cappuccino</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2013 <b>Transaction ID : SA11AI.8215</b>
Mailing Address 2811 Sommersby Rd.		Amount of Each Receipt this Period 300.00
City Mt. Airy	State MD	Zip Code 21771
FEC ID number of contributing federal political committee. C	Name of Employer First Colonies Anesthesia	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Payroll deduction		

Full Name (Last, First, Middle Initial) <b>B. Dr. Donald Charney</b>		Date of Receipt MM / DD / YYYY 07 / 25 / 2013 <b>Transaction ID : SA11AI.7620</b>
Mailing Address 3707 Meadowhill Court		Amount of Each Receipt this Period 50.00
City Phoenix	State MD	Zip Code 21131
FEC ID number of contributing federal political committee. C	Name of Employer First Colonies Anesthesia	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Payroll deduction		

Full Name (Last, First, Middle Initial) <b>C. Dr. Donald Charney</b>		Date of Receipt MM / DD / YYYY 08 / 23 / 2013 <b>Transaction ID : SA11AI.7760</b>
Mailing Address 3707 Meadowhill Court		Amount of Each Receipt this Period 50.00
City Phoenix	State MD	Zip Code 21131
FEC ID number of contributing federal political committee. C	Name of Employer First Colonies Anesthesia	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Payroll deduction		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Donald Charney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3707 Meadowhill Court

City Phoenix	State MD	Zip Code 21131
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2013

**Transaction ID : SA11AI.7816**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

**B. Dr. Donald Charney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3707 Meadowhill Court

City Phoenix	State MD	Zip Code 21131
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2013

**Transaction ID : SA11AI.7909**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

**C. Dr. Donald Charney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3707 Meadowhill Court

City Phoenix	State MD	Zip Code 21131
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2013

**Transaction ID : SA11AI.8003**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Donald Charney**  
Full Name (Last, First, Middle Initial)

Mailing Address 3707 Meadowhill Court

City Phoenix State MD Zip Code 21131

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8100**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

**B. Dr. Donald Charney**  
Full Name (Last, First, Middle Initial)

Mailing Address 3707 Meadowhill Court

City Phoenix State MD Zip Code 21131

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8193**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

**c. Dr. Satyam Chary**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 Alterwood Lane

City Owings Mill State MD Zip Code 21117

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7621**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Satyam Chary**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Alterwood Lane  
 City Owings Mill State MD Zip Code 21117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 23 / 2013  
**Transaction ID : SA11AI.7759**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Satyam Chary**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Alterwood Lane  
 City Owings Mill State MD Zip Code 21117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2013  
**Transaction ID : SA11AI.7817**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Satyam Chary**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Alterwood Lane  
 City Owings Mill State MD Zip Code 21117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2013  
**Transaction ID : SA11AI.7910**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Satyam Chary**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 Alterwood Lane

City Owings Mill State MD Zip Code 21117

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : SA11AI.8004**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

**B. Dr. Satyam Chary**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 Alterwood Lane

City Owings Mill State MD Zip Code 21117

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8101**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

**C. Dr. Satyam Chary**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 Alterwood Lane

City Owings Mill State MD Zip Code 21117

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8194**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Thomas Chau**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7204 Loch Edin Court  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 25 / 2013  
**Transaction ID : SA11AI.7576**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Thomas Chau**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7204 Loch Edin Court  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 23 / 2013  
**Transaction ID : SA11AI.7675**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Thomas Chau**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7204 Loch Edin Court  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2013  
**Transaction ID : SA11AI.7771**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Thomas Chau**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7204 Loch Edin Court  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2013  
**Transaction ID : SA11AI.7865**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Thomas Chau**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7204 Loch Edin Court  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 25 / 2013  
**Transaction ID : SA11AI.7959**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Thomas Chau**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7204 Loch Edin Court  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 24 / 2013  
**Transaction ID : SA11AI.8050**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Thomas Chau**  
Full Name (Last, First, Middle Initial)

Mailing Address 7204 Loch Edin Court

City Potomac State MD Zip Code 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 31 / 2013**

**Transaction ID : SA11AI.8147**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**B. Dr. Dwayne Chen**  
Full Name (Last, First, Middle Initial)

Mailing Address 12808 Spring Drive

City Rockville State MD Zip Code 20850

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **07 / 25 / 2013**

**Transaction ID : SA11AI.7597**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**C. Dr. Dwayne Chen**  
Full Name (Last, First, Middle Initial)

Mailing Address 12808 Spring Drive

City Rockville State MD Zip Code 20850

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **08 / 23 / 2013**

**Transaction ID : SA11AI.7696**

Amount of Each Receipt this Period **50.00**

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Dwayne Chen**  
Full Name (Last, First, Middle Initial)

Mailing Address 12808 Spring Drive

City Rockville State MD Zip Code 20850

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **09 / 25 / 2013**

**Transaction ID : SA11AI.7792**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**B. Dr. Dwayne Chen**  
Full Name (Last, First, Middle Initial)

Mailing Address 12808 Spring Drive

City Rockville State MD Zip Code 20850

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **10 / 25 / 2013**

**Transaction ID : SA11AI.7886**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**C. Dr. Dwayne Chen**  
Full Name (Last, First, Middle Initial)

Mailing Address 12808 Spring Drive

City Rockville State MD Zip Code 20850

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **11 / 25 / 2013**

**Transaction ID : SA11AI.7979**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Dwayne Chen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12808 Spring Drive  
 City State Zip Code  
 Rockville MD 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8070**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. Dwayne Chen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12808 Spring Drive  
 City State Zip Code  
 Rockville MD 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8167**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Dr. Edward Chen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10209 Fleming Avenue  
 City State Zip Code  
 Bethesda MD 20814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7577**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Edward Chen**  
Full Name (Last, First, Middle Initial)

Mailing Address 10209 Fleming Avenue

City Bethesda State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **08 / 23 / 2013**

**Transaction ID : SA11AI.7676**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**B. Dr. Edward Chen**  
Full Name (Last, First, Middle Initial)

Mailing Address 10209 Fleming Avenue

City Bethesda State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **09 / 25 / 2013**

**Transaction ID : SA11AI.7772**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**C. Dr. Edward Chen**  
Full Name (Last, First, Middle Initial)

Mailing Address 10209 Fleming Avenue

City Bethesda State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **10 / 25 / 2013**

**Transaction ID : SA11AI.7866**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ **150.00**

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Edward Chen**  
Full Name (Last, First, Middle Initial)

Mailing Address 10209 Fleming Avenue

City Bethesda State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **11 / 25 / 2013**

**Transaction ID : SA11AI.7960**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**B. Dr. Edward Chen**  
Full Name (Last, First, Middle Initial)

Mailing Address 10209 Fleming Avenue

City Bethesda State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **12 / 24 / 2013**

**Transaction ID : SA11AI.8051**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**C. Dr. Edward Chen**  
Full Name (Last, First, Middle Initial)

Mailing Address 10209 Fleming Avenue

City Bethesda State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 31 / 2013**

**Transaction ID : SA11AI.8148**

Amount of Each Receipt this Period **50.00**

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. William Chester**  
Full Name (Last, First, Middle Initial)

Mailing Address 13771 Lambertina Place

City Rockville	State MD	Zip Code 20850
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2013

**Transaction ID : SA11AI.7578**

Amount of Each Receipt this Period  

50.00
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Payroll deduction

**B. Dr. William Chester**  
Full Name (Last, First, Middle Initial)

Mailing Address 13771 Lambertina Place

City Rockville	State MD	Zip Code 20850
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2013

**Transaction ID : SA11AI.7677**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

**C. Dr. William Chester**  
Full Name (Last, First, Middle Initial)

Mailing Address 13771 Lambertina Place

City Rockville	State MD	Zip Code 20850
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2013

**Transaction ID : SA11AI.7773**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. William Chester**  
Full Name (Last, First, Middle Initial)

Mailing Address 13771 Lambertina Place

City Rockville	State MD	Zip Code 20850
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2013

**Transaction ID : SA11AI.7867**

Amount of Each Receipt this Period  
50.00

Payroll deduction

**B. Dr. William Chester**  
Full Name (Last, First, Middle Initial)

Mailing Address 13771 Lambertina Place

City Rockville	State MD	Zip Code 20850
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2013

**Transaction ID : SA11AI.7961**

Amount of Each Receipt this Period  
50.00

Payroll deduction

**C. Dr. William Chester**  
Full Name (Last, First, Middle Initial)

Mailing Address 13771 Lambertina Place

City Rockville	State MD	Zip Code 20850
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2013

**Transaction ID : SA11AI.8052**

Amount of Each Receipt this Period  
50.00

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. William Chester**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13771 Lambertina Place  
 City State Zip Code  
 Rockville MD 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8149**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Charles Ciolino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11008 South Glen Road  
 City State Zip Code  
 Potomac MD 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7599**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Charles Ciolino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11008 South Glen Road  
 City State Zip Code  
 Potomac MD 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2013  
**Transaction ID : SA11AI.7698**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Charles Ciolino**  
Full Name (Last, First, Middle Initial)

Mailing Address 11008 South Glen Road

City Potomac State MD Zip Code 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 25 / 2013**

**Transaction ID : SA11AI.7794**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

**B. Charles Ciolino**  
Full Name (Last, First, Middle Initial)

Mailing Address 11008 South Glen Road

City Potomac State MD Zip Code 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 25 / 2013**

**Transaction ID : SA11AI.7888**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

**C. Charles Ciolino**  
Full Name (Last, First, Middle Initial)

Mailing Address 11008 South Glen Road

City Potomac State MD Zip Code 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 25 / 2013**

**Transaction ID : SA11AI.7981**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Charles Ciolino**  
Full Name (Last, First, Middle Initial)

Mailing Address 11008 South Glen Road

City Potomac State MD Zip Code 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8072**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

**B. Charles Ciolino**  
Full Name (Last, First, Middle Initial)

Mailing Address 11008 South Glen Road

City Potomac State MD Zip Code 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8169**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

**C. Dr. Lincoln Coore**  
Full Name (Last, First, Middle Initial)

Mailing Address 11546 Fox River Road

City Ellicott City State MD Zip Code 21042

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7628**

Amount of Each Receipt this Period  
**75.00**

Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **175.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Lincoln Coore**  
Full Name (Last, First, Middle Initial)

Mailing Address 11546 Fox River Road

City Ellicott City	State MD	Zip Code 21042
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2013

**Transaction ID : SA11AI.7752**

Amount of Each Receipt this Period  

75.00
-------

Payroll deduction

**B. Dr. Lincoln Coore**  
Full Name (Last, First, Middle Initial)

Mailing Address 11546 Fox River Road

City Ellicott City	State MD	Zip Code 21042
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2013

**Transaction ID : SA11AI.7824**

Amount of Each Receipt this Period  

75.00
-------

Payroll deduction

**C. Dr. Lincoln Coore**  
Full Name (Last, First, Middle Initial)

Mailing Address 11546 Fox River Road

City Ellicott City	State MD	Zip Code 21042
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2013

**Transaction ID : SA11AI.7917**

Amount of Each Receipt this Period  

75.00
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Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>225.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Dr. Lincoln Coore</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2013 <b>Transaction ID : SA11AI.8011</b>
Mailing Address 11546 Fox River Road		Amount of Each Receipt this Period 75.00
City Ellicott City	State MD	Zip Code 21042
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Lincoln Coore</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 24 / 2013 <b>Transaction ID : SA11AI.8108</b>
Mailing Address 11546 Fox River Road		Amount of Each Receipt this Period 75.00
City Ellicott City	State MD	Zip Code 21042
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Lincoln Coore</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013 <b>Transaction ID : SA11AI.8201</b>
Mailing Address 11546 Fox River Road		Amount of Each Receipt this Period 75.00
City Ellicott City	State MD	Zip Code 21042
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Melvin Coursey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18720 Shremor Drive  
 City Derwood State MD Zip Code 20855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 25 / 2013  
**Transaction ID : SA11AI.7579**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Melvin Coursey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18720 Shremor Drive  
 City Derwood State MD Zip Code 20855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 23 / 2013  
**Transaction ID : SA11AI.7678**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Melvin Coursey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18720 Shremor Drive  
 City Derwood State MD Zip Code 20855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2013  
**Transaction ID : SA11AI.7774**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Melvin Coursey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18720 Shremor Drive

City Derwood	State MD	Zip Code 20855
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2013

**Transaction ID : SA11AI.7868**

Amount of Each Receipt this Period  
50.00

Payroll deduction

**B. Dr. Melvin Coursey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18720 Shremor Drive

City Derwood	State MD	Zip Code 20855
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2013

**Transaction ID : SA11AI.7962**

Amount of Each Receipt this Period  
50.00

Payroll deduction

**C. Dr. Melvin Coursey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18720 Shremor Drive

City Derwood	State MD	Zip Code 20855
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2013

**Transaction ID : SA11AI.8053**

Amount of Each Receipt this Period  
50.00

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Melvin Coursey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18720 Shremor Drive  
 City Derwood State MD Zip Code 20855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2013  
**Transaction ID : SA11AI.8150**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Lauren Deloach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15114 Pepperridge Drive  
 City Bowie State MD Zip Code 20721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 25 / 2013  
**Transaction ID : SA11AI.7669**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Lauren Deloach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15114 Pepperridge Drive  
 City Bowie State MD Zip Code 20721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 23 / 2013  
**Transaction ID : SA11AI.7742**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Lauren Deloach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15114 Pepperridge Drive  
 City Bowie State MD Zip Code 20721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2013  
**Transaction ID : SA11AI.7834**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Lauren Deloach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15114 Pepperridge Drive  
 City Bowie State MD Zip Code 20721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2013  
**Transaction ID : SA11AI.7927**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Lauren Deloach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15114 Pepperridge Drive  
 City Bowie State MD Zip Code 20721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 25 / 2013  
**Transaction ID : SA11AI.8021**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ► 150.00  
**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Lauren Deloach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15114 Pepperridge Drive  
 City State Zip Code  
 Bowie MD 20721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8118**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. Lauren Deloach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15114 Pepperridge Drive  
 City State Zip Code  
 Bowie MD 20721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8212**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Patrick Dono**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17136 Wesley Chapel Rd.  
 City State Zip Code  
 Monkton MD 21111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2013  
**Transaction ID : SA11AI.7911**  
 Amount of Each Receipt this Period  
 25.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Patrick Dono**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17136 Wesley Chapel Rd.  
 City Monkton State MD Zip Code 21111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 25 / 2013  
**Transaction ID : SA11AI.8005**  
 Amount of Each Receipt this Period 250.00  
 Payroll deduction

**B. Patrick Dono**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17136 Wesley Chapel Rd.  
 City Monkton State MD Zip Code 21111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 24 / 2013  
**Transaction ID : SA11AI.8102**  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction

**C. Patrick Dono**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17136 Wesley Chapel Rd.  
 City Monkton State MD Zip Code 21111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2013  
**Transaction ID : SA11AI.8195**  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶





**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Ali Emamhosseini**  
Full Name (Last, First, Middle Initial)

Mailing Address 8370 Greensboro Drive  
Apt #208

City McLean State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
12 / 31 / 2013  
Transaction ID : SA11AI.8174

Amount of Each Receipt this Period  
50.00

Payroll deduction

**B. Dr. Todd Epstein**  
Full Name (Last, First, Middle Initial)

Mailing Address 11305 Struttman Terrace

City North Bethesda State MD Zip Code 20852

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
07 / 25 / 2013  
Transaction ID : SA11AI.7606

Amount of Each Receipt this Period  
50.00

Payroll deduction

**C. Dr. Todd Epstein**  
Full Name (Last, First, Middle Initial)

Mailing Address 11305 Struttman Terrace

City North Bethesda State MD Zip Code 20852

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
08 / 23 / 2013  
Transaction ID : SA11AI.7705

Amount of Each Receipt this Period  
50.00

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 221  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Todd Epstein**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11305 Struttman Terrace  
City North Bethesda State MD Zip Code 20852  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **400.00**

Date of Receipt **09 / 25 / 2013**  
**Transaction ID : SA11AI.7801**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**B. Dr. Todd Epstein**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11305 Struttman Terrace  
City North Bethesda State MD Zip Code 20852  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **450.00**

Date of Receipt **10 / 25 / 2013**  
**Transaction ID : SA11AI.7895**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**C. Dr. Todd Epstein**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11305 Struttman Terrace  
City North Bethesda State MD Zip Code 20852  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 25 / 2013**  
**Transaction ID : SA11AI.7988**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Todd Epstein**  
Full Name (Last, First, Middle Initial)

Mailing Address 11305 Struttman Terrace

City North Bethesda State MD Zip Code 20852

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **12 / 24 / 2013**

**Transaction ID : SA11AI.8086**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**B. Dr. Todd Epstein**  
Full Name (Last, First, Middle Initial)

Mailing Address 11305 Struttman Terrace

City North Bethesda State MD Zip Code 20852

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 31 / 2013**

**Transaction ID : SA11AI.8179**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**C. Dr. Richard Evans**  
Full Name (Last, First, Middle Initial)

Mailing Address 6436 West Langley Lane

City McLean State VA Zip Code 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **07 / 25 / 2013**

**Transaction ID : SA11AI.7602**

Amount of Each Receipt this Period **50.00**

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Richard Evans**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6436 West Langley Lane  
 City McLean State VA Zip Code 22101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 23 / 2013  
**Transaction ID : SA11AI.7701**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Richard Evans**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6436 West Langley Lane  
 City McLean State VA Zip Code 22101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2013  
**Transaction ID : SA11AI.7797**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Richard Evans**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6436 West Langley Lane  
 City McLean State VA Zip Code 22101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2013  
**Transaction ID : SA11AI.7891**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Richard Evans**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6436 West Langley Lane  
 City McLean State VA Zip Code 22101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : SA11AI.7984**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Richard Evans**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6436 West Langley Lane  
 City McLean State VA Zip Code 22101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8078**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Richard Evans**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6436 West Langley Lane  
 City McLean State VA Zip Code 22101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8173**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Philip Ferklar**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4107 Vickie Lynn Court

City Mt. Airy	State MD	Zip Code 21771
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2013

**Transaction ID : SA11AI.7730**

Amount of Each Receipt this Period  
30.00

Payroll deduction

**B. Dr. Philip Ferklar**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4107 Vickie Lynn Court

City Mt. Airy	State MD	Zip Code 21771
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2013

**Transaction ID : SA11AI.7846**

Amount of Each Receipt this Period  
30.00

Payroll deduction

**C. Dr. Philip Ferklar**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4107 Vickie Lynn Court

City Mt. Airy	State MD	Zip Code 21771
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2013

**Transaction ID : SA11AI.7939**

Amount of Each Receipt this Period  
30.00

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 221  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Ronald Flax</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 25 / 2013 <b>Transaction ID : SA11AI.7912</b>
Mailing Address 3715 Birchmere Ct.		Amount of Each Receipt this Period 25.00
City Owings Mills	State MD	Zip Code 21117
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. Ronald Flax</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 25 / 2013 <b>Transaction ID : SA11AI.8006</b>
Mailing Address 3715 Birchmere Ct.		Amount of Each Receipt this Period 25.00
City Owings Mills	State MD	Zip Code 21117
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Ronald Flax</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 24 / 2013 <b>Transaction ID : SA11AI.8103</b>
Mailing Address 3715 Birchmere Ct.		Amount of Each Receipt this Period 25.00
City Owings Mills	State MD	Zip Code 21117
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Ronald Flax**  
Full Name (Last, First, Middle Initial)

Mailing Address 3715 Birchmere Ct.

City Owings Mills State MD Zip Code 21117

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **12 / 31 / 2013**

**Transaction ID : SA11AI.8196**

Amount of Each Receipt this Period **250.00**

Payroll deduction

**B. Dr. Tamara Gabrielli**  
Full Name (Last, First, Middle Initial)

Mailing Address 504 Reserve Champion Drive

City Rockville State MD Zip Code 20850

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **07 / 25 / 2013**

**Transaction ID : SA11AI.7655**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**C. Dr. Tamara Gabrielli**  
Full Name (Last, First, Middle Initial)

Mailing Address 504 Reserve Champion Drive

City Rockville State MD Zip Code 20850

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **08 / 23 / 2013**

**Transaction ID : SA11AI.7729**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **125.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Tamara Gabrielli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 504 Reserve Champion Drive  
 City State Zip Code  
 Rockville MD 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2013  
**Transaction ID : SA11AI.7847**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. Tamara Gabrielli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 504 Reserve Champion Drive  
 City State Zip Code  
 Rockville MD 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2013  
**Transaction ID : SA11AI.7940**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Dr. Tamara Gabrielli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 504 Reserve Champion Drive  
 City State Zip Code  
 Rockville MD 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : SA11AI.8032**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Tamara Gabrielli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 504 Reserve Champion Drive  
 City State Zip Code  
 Rockville MD 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8129**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. Tamara Gabrielli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 504 Reserve Champion Drive  
 City State Zip Code  
 Rockville MD 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8223**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Thomas Gambon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7700 Charleston Dr.  
 City State Zip Code  
 Bethesda MD 20817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7644**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Thomas Gambon**  
Full Name (Last, First, Middle Initial)

Mailing Address 7700 Charleston Dr.

City Bethesda	State MD	Zip Code 20817
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2013

**Transaction ID : SA11AI.7764**

Amount of Each Receipt this Period  

50.00
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Payroll deduction

**B. Thomas Gambon**  
Full Name (Last, First, Middle Initial)

Mailing Address 7700 Charleston Dr.

City Bethesda	State MD	Zip Code 20817
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2013

**Transaction ID : SA11AI.7858**

Amount of Each Receipt this Period  

50.00
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Payroll deduction

**C. Thomas Gambon**  
Full Name (Last, First, Middle Initial)

Mailing Address 7700 Charleston Dr.

City Bethesda	State MD	Zip Code 20817
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2013

**Transaction ID : SA11AI.7952**

Amount of Each Receipt this Period  

50.00
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Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Thomas Gambon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7700 Charleston Dr.  
City Bethesda State MD Zip Code 20817  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 25 / 2013**  
**Transaction ID : SA11AI.8043**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**B. Thomas Gambon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7700 Charleston Dr.  
City Bethesda State MD Zip Code 20817  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **550.00**

Date of Receipt **12 / 24 / 2013**  
**Transaction ID : SA11AI.8140**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**C. Thomas Gambon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7700 Charleston Dr.  
City Bethesda State MD Zip Code 20817  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2013**  
**Transaction ID : SA11AI.8234**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Steven Grube**  
Full Name (Last, First, Middle Initial)

Mailing Address 13895 Foxtower Road

City Thurmont State MD Zip Code 21788

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7654**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

**B. Dr. Steven Grube**  
Full Name (Last, First, Middle Initial)

Mailing Address 13895 Foxtower Road

City Thurmont State MD Zip Code 21788

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2013  
**Transaction ID : SA11AI.7728**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

**C. Dr. Steven Grube**  
Full Name (Last, First, Middle Initial)

Mailing Address 13895 Foxtower Road

City Thurmont State MD Zip Code 21788

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2013  
**Transaction ID : SA11AI.7848**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Steven Grube**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13895 Foxtower Road  
 City Thurmont State MD Zip Code 21788  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2013  
**Transaction ID : SA11AI.7941**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Steven Grube**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13895 Foxtower Road  
 City Thurmont State MD Zip Code 21788  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : SA11AI.8033**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Steven Grube**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13895 Foxtower Road  
 City Thurmont State MD Zip Code 21788  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8130**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Steven Grube**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13895 Foxtower Road  
 City State Zip Code  
 Thurmont MD 21788  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8224**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. Keith Hairston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12312 Highstakes Drive  
 City State Zip Code  
 Reisterstown MD 21136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7624**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Dr. Keith Hairston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12312 Highstakes Drive  
 City State Zip Code  
 Reisterstown MD 21136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2013  
**Transaction ID : SA11AI.7756**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Keith Hairston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12312 Highstakes Drive  
 City Reisterstown State MD Zip Code 21136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2013  
**Transaction ID : SA11AI.7820**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Keith Hairston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12312 Highstakes Drive  
 City Reisterstown State MD Zip Code 21136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2013  
**Transaction ID : SA11AI.7913**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Keith Hairston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12312 Highstakes Drive  
 City Reisterstown State MD Zip Code 21136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 25 / 2013  
**Transaction ID : SA11AI.8007**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 64 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Keith Hairston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12312 Highstakes Drive  
 City Reisterstown State MD Zip Code 21136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 24 / 2013  
**Transaction ID : SA11AI.8104**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Keith Hairston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12312 Highstakes Drive  
 City Reisterstown State MD Zip Code 21136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2013  
**Transaction ID : SA11AI.8197**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Shelly Hairston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12312 Highstakes Drive  
 City Reisterstown State MD Zip Code 21136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 25 / 2013  
**Transaction ID : SA11AI.7660**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Shelly Hairston</b>		Date of Receipt
Mailing Address 12312 Highstakes Drive		<input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City State Zip Code Reisterstown MD 21136		<b>Transaction ID : SA11AI.7734</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Shelly Hairston</b>		Date of Receipt
Mailing Address 12312 Highstakes Drive		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City State Zip Code Reisterstown MD 21136		<b>Transaction ID : SA11AI.7842</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Shelly Hairston</b>		Date of Receipt
Mailing Address 12312 Highstakes Drive		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City State Zip Code Reisterstown MD 21136		<b>Transaction ID : SA11AI.7935</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Shelly Hairston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12312 Highstakes Drive  
 City Reisterstown State MD Zip Code 21136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : SA11AI.8029**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Shelly Hairston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12312 Highstakes Drive  
 City Reisterstown State MD Zip Code 21136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8126**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Shelly Hairston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12312 Highstakes Drive  
 City Reisterstown State MD Zip Code 21136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8220**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
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(check only one)  
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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. John Hanna**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9310 Leigh Mill Ct.  
 City State Zip Code  
 Great Falls VA 22066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7607**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. John Hanna**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9310 Leigh Mill Ct.  
 City State Zip Code  
 Great Falls VA 22066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2013  
**Transaction ID : SA11AI.7706**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Dr. John Hanna**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9310 Leigh Mill Ct.  
 City State Zip Code  
 Great Falls VA 22066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2013  
**Transaction ID : SA11AI.7802**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. John Hanna**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9310 Leigh Mill Ct.  
 City State Zip Code  
 Great Falls VA 22066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2013  
**Transaction ID : SA11AI.7896**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. John Hanna**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9310 Leigh Mill Ct.  
 City State Zip Code  
 Great Falls VA 22066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : SA11AI.7989**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Dr. John Hanna**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9310 Leigh Mill Ct.  
 City State Zip Code  
 Great Falls VA 22066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8087**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
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 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. John Hanna**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9310 Leigh Mill Ct.  
 City State Zip Code  
 Great Falls VA 22066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8180**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. Glen Hessinger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8101 Ruxton Crossing Road  
 City State Zip Code  
 Towson MD 21204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7625**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Dr. Glen Hessinger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8101 Ruxton Crossing Road  
 City State Zip Code  
 Towson MD 21204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2013  
**Transaction ID : SA11AI.7755**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Glen Hessinger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8101 Ruxton Crossing Road  
 City Towson State MD Zip Code 21204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2013  
**Transaction ID : SA11AI.7821**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Glen Hessinger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8101 Ruxton Crossing Road  
 City Towson State MD Zip Code 21204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2013  
**Transaction ID : SA11AI.7914**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Glen Hessinger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8101 Ruxton Crossing Road  
 City Towson State MD Zip Code 21204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 25 / 2013  
**Transaction ID : SA11AI.8008**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 221
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Glen Hessinger**  
Full Name (Last, First, Middle Initial)

Mailing Address 8101 Ruxton Crossing Road

City Towson State MD Zip Code 21204

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **12 / 24 / 2013**

**Transaction ID : SA11AI.8105**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**B. Dr. Glen Hessinger**  
Full Name (Last, First, Middle Initial)

Mailing Address 8101 Ruxton Crossing Road

City Towson State MD Zip Code 21204

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 31 / 2013**

**Transaction ID : SA11AI.8198**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**C. Dr. Jean-Max Hogarth**  
Full Name (Last, First, Middle Initial)

Mailing Address 1614 Randallwood Court

City Jarrettsville State MD Zip Code 21084

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **07 / 25 / 2013**

**Transaction ID : SA11AI.7626**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Jean-Max Hogarth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1614 Randallwood Court  
 City Jarrettsville State MD Zip Code 21084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 23 / 2013  
**Transaction ID : SA11AI.7754**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Jean-Max Hogarth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1614 Randallwood Court  
 City Jarrettsville State MD Zip Code 21084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2013  
**Transaction ID : SA11AI.7822**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Jean-Max Hogarth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1614 Randallwood Court  
 City Jarrettsville State MD Zip Code 21084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2013  
**Transaction ID : SA11AI.7915**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Jean-Max Hogarth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1614 Randallwood Court  
 City Jarrettsville State MD Zip Code 21084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : SA11AI.8009**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Jean-Max Hogarth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1614 Randallwood Court  
 City Jarrettsville State MD Zip Code 21084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8106**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Jean-Max Hogarth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1614 Randallwood Court  
 City Jarrettsville State MD Zip Code 21084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8199**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Sung Hong**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8525 Huntspring Drive  
 City Lutherville State MD Zip Code 21093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7627**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Sung Hong**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8525 Huntspring Drive  
 City Lutherville State MD Zip Code 21093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 23 / 2013  
**Transaction ID : SA11AI.7753**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Sung Hong**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8525 Huntspring Drive  
 City Lutherville State MD Zip Code 21093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2013  
**Transaction ID : SA11AI.7823**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Sung Hong**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8525 Huntspring Drive  
 City Lutherville State MD Zip Code 21093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2013  
**Transaction ID : SA11AI.7916**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Sung Hong**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8525 Huntspring Drive  
 City Lutherville State MD Zip Code 21093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 25 / 2013  
**Transaction ID : SA11AI.8010**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Sung Hong**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8525 Huntspring Drive  
 City Lutherville State MD Zip Code 21093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 24 / 2013  
**Transaction ID : SA11AI.8107**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Sung Hong**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8525 Huntsping Drive  
City Lutherville State MD Zip Code 21093  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2013**  
**Transaction ID : SA11AI.8200**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**B. Dr. Steven Hopper**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4550 N. Park Avenue #101  
City Chevy Chase State MD Zip Code 20815  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 25 / 2013**  
**Transaction ID : SA11AI.7608**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**C. Dr. Steven Hopper**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4550 N. Park Avenue #101  
City Chevy Chase State MD Zip Code 20815  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **350.00**

Date of Receipt **08 / 23 / 2013**  
**Transaction ID : SA11AI.7707**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Steven Hopper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4550 N. Park Avenue #101  
 City Chevy Chase State MD Zip Code 20815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2013  
**Transaction ID : SA11AI.7804**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Steven Hopper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4550 N. Park Avenue #101  
 City Chevy Chase State MD Zip Code 20815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2013  
**Transaction ID : SA11AI.7897**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Steven Hopper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4550 N. Park Avenue #101  
 City Chevy Chase State MD Zip Code 20815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 25 / 2013  
**Transaction ID : SA11AI.7990**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Steven Hopper**  
Full Name (Last, First, Middle Initial)

Mailing Address 4550 N. Park Avenue #101

City Chevy Chase State MD Zip Code 20815

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 24 / 2013  
Transaction ID : SA11AI.8088

Amount of Each Receipt this Period 50.00

Payroll deduction

**B. Dr. Steven Hopper**  
Full Name (Last, First, Middle Initial)

Mailing Address 4550 N. Park Avenue #101

City Chevy Chase State MD Zip Code 20815

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2013  
Transaction ID : SA11AI.8181

Amount of Each Receipt this Period 50.00

Payroll deduction

**c. Dr. Stuart Hough**  
Full Name (Last, First, Middle Initial)

Mailing Address 9110 Travener Circle

City Frederick State MD Zip Code 21704

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 25 / 2013  
Transaction ID : SA11AI.7580

Amount of Each Receipt this Period 75.00

Payroll deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 175.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Stuart Hough**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9110 Travener Circle

City Frederick	State MD	Zip Code 21704
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  
08 / 23 / 2013  
**Transaction ID : SA11AI.7679**

Amount of Each Receipt this Period  
75.00

Payroll deduction

**B. Dr. Stuart Hough**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9110 Travener Circle

City Frederick	State MD	Zip Code 21704
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
09 / 25 / 2013  
**Transaction ID : SA11AI.7775**

Amount of Each Receipt this Period  
75.00

Payroll deduction

**C. Dr. Stuart Hough**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9110 Travener Circle

City Frederick	State MD	Zip Code 21704
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
675.00

Date of Receipt  
10 / 25 / 2013  
**Transaction ID : SA11AI.7869**

Amount of Each Receipt this Period  
75.00

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Dr. Stuart Hough</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2013 <b>Transaction ID : SA11AI.7963</b>
Mailing Address 9110 Travener Circle		Amount of Each Receipt this Period 750.00
City Frederick	State MD	Zip Code 21704
FEC ID number of contributing federal political committee. C	Name of Employer First Colonies Anesthesia	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Payroll deduction		

Full Name (Last, First, Middle Initial) <b>B. Dr. Stuart Hough</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 24 / 2013 <b>Transaction ID : SA11AI.8054</b>
Mailing Address 9110 Travener Circle		Amount of Each Receipt this Period 75.00
City Frederick	State MD	Zip Code 21704
FEC ID number of contributing federal political committee. C	Name of Employer First Colonies Anesthesia	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	
Payroll deduction		

Full Name (Last, First, Middle Initial) <b>C. Dr. Stuart Hough</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013 <b>Transaction ID : SA11AI.8151</b>
Mailing Address 9110 Travener Circle		Amount of Each Receipt this Period 75.00
City Frederick	State MD	Zip Code 21704
FEC ID number of contributing federal political committee. C	Name of Employer First Colonies Anesthesia	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Payroll deduction		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Leo Hsiao**  
Full Name (Last, First, Middle Initial)

Mailing Address 212 Washington Ave  
Apt. #1217

City Towson State MD Zip Code 21204

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
07 / 25 / 2013  
Transaction ID : SA11AI.7636

Amount of Each Receipt this Period  
50.00

Payroll deduction

**B. Leo Hsiao**  
Full Name (Last, First, Middle Initial)

Mailing Address 212 Washington Ave  
Apt. #1217

City Towson State MD Zip Code 21204

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
08 / 23 / 2013  
Transaction ID : SA11AI.7745

Amount of Each Receipt this Period  
50.00

Payroll deduction

**C. Leo Hsiao**  
Full Name (Last, First, Middle Initial)

Mailing Address 212 Washington Ave  
Apt. #1217

City Towson State MD Zip Code 21204

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
09 / 25 / 2013  
Transaction ID : SA11AI.7831

Amount of Each Receipt this Period  
50.00

Payroll deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 82 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Leo Hsiao**

Mailing Address 212 Washington Ave  
 Apt. #1217

City State Zip Code  
 Towson MD 21204

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 First Colonies Anesthesia Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2013

**Transaction ID : SA11AI.7924**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

Full Name (Last, First, Middle Initial)  
**B. Leo Hsiao**

Mailing Address 212 Washington Ave  
 Apt. #1217

City State Zip Code  
 Towson MD 21204

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 First Colonies Anesthesia Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2013

**Transaction ID : SA11AI.8018**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

Full Name (Last, First, Middle Initial)  
**C. Leo Hsiao**

Mailing Address 212 Washington Ave  
 Apt. #1217

City State Zip Code  
 Towson MD 21204

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 First Colonies Anesthesia Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2013

**Transaction ID : SA11AI.8115**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Leo Hsiao**

Mailing Address 212 Washington Ave  
 Apt. #1217

City State Zip Code  
 Towson MD 21204

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 First Colonies Anesthesia Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11AI.8208**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

Full Name (Last, First, Middle Initial)  
**B. Dr. Sean Isaac**

Mailing Address 7 Starlight Farm Drive

City State Zip Code  
 Phoenix MD 21131

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 First Colonies Anesthesia Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2013

**Transaction ID : SA11AI.7634**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

Full Name (Last, First, Middle Initial)  
**C. Dr. Sean Isaac**

Mailing Address 7 Starlight Farm Drive

City State Zip Code  
 Phoenix MD 21131

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 First Colonies Anesthesia Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2013

**Transaction ID : SA11AI.7747**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 84 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Sean Isaac**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Starlight Farm Drive  
 City Phoenix State MD Zip Code 21131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2013  
**Transaction ID : SA11AI.7829**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Sean Isaac**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Starlight Farm Drive  
 City Phoenix State MD Zip Code 21131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2013  
**Transaction ID : SA11AI.7922**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction Payroll deduction

**C. Dr. Sean Isaac**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Starlight Farm Drive  
 City Phoenix State MD Zip Code 21131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 25 / 2013  
**Transaction ID : SA11AI.8016**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 85 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Sean Isaac**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Starlight Farm Drive  
 City State Zip Code  
 Phoenix MD 21131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8113**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. Sean Isaac**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Starlight Farm Drive  
 City State Zip Code  
 Phoenix MD 21131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8206**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**c. Dr. Supriya Jagannath**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9657 Atterbury Lane  
 City State Zip Code  
 Frederick MD 21704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2013  
**Transaction ID : SA11AI.7955**  
 Amount of Each Receipt this Period  
 25.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 86 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Supriya Jagannath**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9657 Atterbury Lane  
 City State Zip Code  
 Frederick MD 21704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : SA11AI.8046**  
 Amount of Each Receipt this Period  
 250.00  
 Payroll deduction

**B. Dr. Supriya Jagannath**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9657 Atterbury Lane  
 City State Zip Code  
 Frederick MD 21704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8143**  
 Amount of Each Receipt this Period  
 25.00  
 Payroll deduction

**c. Dr. Supriya Jagannath**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9657 Atterbury Lane  
 City State Zip Code  
 Frederick MD 21704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8237**  
 Amount of Each Receipt this Period  
 25.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. David Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 5506 Bootjack Drive

City Frederick State MD Zip Code 21702

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **07 / 25 / 2013**

**Transaction ID : SA11AI.7653**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**B. Dr. David Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 5506 Bootjack Drive

City Frederick State MD Zip Code 21702

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **08 / 23 / 2013**

**Transaction ID : SA11AI.7727**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**C. Dr. David Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 5506 Bootjack Drive

City Frederick State MD Zip Code 21702

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **09 / 25 / 2013**

**Transaction ID : SA11AI.7849**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **150.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 88 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. David Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5506 Bootjack Drive  
 City State Zip Code  
 Frederick MD 21702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2013  
**Transaction ID : SA11AI.7943**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. David Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5506 Bootjack Drive  
 City State Zip Code  
 Frederick MD 21702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : SA11AI.8034**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Dr. David Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5506 Bootjack Drive  
 City State Zip Code  
 Frederick MD 21702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8131**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. David Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 5506 Bootjack Drive

City Frederick State MD Zip Code 21702

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 31 / 2013**

**Transaction ID : SA11AI.8225**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**B. Dr. James Kaufman**  
Full Name (Last, First, Middle Initial)

Mailing Address 7514 Arrowwood Road

City Bethesda State MD Zip Code 20817

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **07 / 25 / 2013**

**Transaction ID : SA11AI.7609**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**C. Dr. James Kaufman**  
Full Name (Last, First, Middle Initial)

Mailing Address 7514 Arrowwood Road

City Bethesda State MD Zip Code 20817

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **08 / 23 / 2013**

**Transaction ID : SA11AI.7708**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **150.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 90 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. James Kaufman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7514 Arrowwood Road  
 City Bethesda State MD Zip Code 20817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2013  
**Transaction ID : SA11AI.7805**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. James Kaufman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7514 Arrowwood Road  
 City Bethesda State MD Zip Code 20817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2013  
**Transaction ID : SA11AI.7898**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. James Kaufman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7514 Arrowwood Road  
 City Bethesda State MD Zip Code 20817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 25 / 2013  
**Transaction ID : SA11AI.7991**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 91 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Dr. James Kaufman</b>		Date of Receipt MM / DD / YYYY 12 / 24 / 2013 <b>Transaction ID : SA11AI.8089</b>
Mailing Address 7514 Arrowwood Road		Amount of Each Receipt this Period 50.00
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. James Kaufman</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2013 <b>Transaction ID : SA11AI.8182</b>
Mailing Address 7514 Arrowwood Road		Amount of Each Receipt this Period 50.00
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Cynthia Kenol</b>		Date of Receipt MM / DD / YYYY 07 / 25 / 2013 <b>Transaction ID : SA11AI.7581</b>
Mailing Address 6579 Prestwick Drive		Amount of Each Receipt this Period 50.00
City Highland	State MD	Zip Code 20777
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Cynthia Kenol**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6579 Prestwick Drive

City Highland	State MD	Zip Code 20777
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2013

**Transaction ID : SA11AI.7680**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

**B. Dr. Cynthia Kenol**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6579 Prestwick Drive

City Highland	State MD	Zip Code 20777
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2013

**Transaction ID : SA11AI.7776**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

**C. Dr. Cynthia Kenol**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6579 Prestwick Drive

City Highland	State MD	Zip Code 20777
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2013

**Transaction ID : SA11AI.7870**

Amount of Each Receipt this Period  

50.00
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Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 93 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Cynthia Kenol**  
Full Name (Last, First, Middle Initial)

Mailing Address 6579 Prestwick Drive

City Highland State MD Zip Code 20777

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : SA11AI.7964**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

**B. Dr. Cynthia Kenol**  
Full Name (Last, First, Middle Initial)

Mailing Address 6579 Prestwick Drive

City Highland State MD Zip Code 20777

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8055**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

**C. Dr. Cynthia Kenol**  
Full Name (Last, First, Middle Initial)

Mailing Address 6579 Prestwick Drive

City Highland State MD Zip Code 20777

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8152**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 94 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. HaengShik Kim**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11429 Twining Lane  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7600**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. HaengShik Kim**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11429 Twining Lane  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 23 / 2013  
**Transaction ID : SA11AI.7699**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. HaengShik Kim**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11429 Twining Lane  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2013  
**Transaction ID : SA11AI.7795**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. HaengShik Kim**  
Full Name (Last, First, Middle Initial)

Mailing Address 11429 Twining Lane

City Potomac	State MD	Zip Code 20854
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2013

**Transaction ID : SA11AI.7889**

Amount of Each Receipt this Period  
50.00

Payroll deduction

**B. HaengShik Kim**  
Full Name (Last, First, Middle Initial)

Mailing Address 11429 Twining Lane

City Potomac	State MD	Zip Code 20854
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2013

**Transaction ID : SA11AI.7982**

Amount of Each Receipt this Period  
50.00

Payroll deduction

**C. HaengShik Kim**  
Full Name (Last, First, Middle Initial)

Mailing Address 11429 Twining Lane

City Potomac	State MD	Zip Code 20854
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2013

**Transaction ID : SA11AI.8076**

Amount of Each Receipt this Period  
50.00

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 96 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. HaengShik Kim</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2013 <b>Transaction ID : SA11AI.8171</b>
Mailing Address 11429 Twining Lane		Amount of Each Receipt this Period 50.00
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. James Kim</b>		Date of Receipt MM / DD / YYYY 07 / 25 / 2013 <b>Transaction ID : SA11AI.7605</b>
Mailing Address 4808 Moorland Lane Apt. #803		Amount of Each Receipt this Period 50.00
City Bethesda	State MD	Zip Code 20814
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. James Kim</b>		Date of Receipt MM / DD / YYYY 08 / 23 / 2013 <b>Transaction ID : SA11AI.7704</b>
Mailing Address 4808 Moorland Lane Apt. #803		Amount of Each Receipt this Period 50.00
City Bethesda	State MD	Zip Code 20814
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. James Kim**  
Full Name (Last, First, Middle Initial)

Mailing Address 4808 Moorland Lane  
Apt. #803

City Bethesda State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
09 / 25 / 2013

**Transaction ID : SA11AI.7800**

Amount of Each Receipt this Period  
50.00

Payroll deduction

**B. James Kim**  
Full Name (Last, First, Middle Initial)

Mailing Address 4808 Moorland Lane  
Apt. #803

City Bethesda State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
10 / 25 / 2013

**Transaction ID : SA11AI.7894**

Amount of Each Receipt this Period  
50.00

Payroll deduction

**C. James Kim**  
Full Name (Last, First, Middle Initial)

Mailing Address 4808 Moorland Lane  
Apt. #803

City Bethesda State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 25 / 2013

**Transaction ID : SA11AI.7987**

Amount of Each Receipt this Period  
50.00

Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. James Kim</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 24 / 2013
Mailing Address 4808 Moorland Lane Apt. #803		<b>Transaction ID : SA11AI.8083</b>
City Bethesda	State MD	Zip Code 20814
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>B. James Kim</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013
Mailing Address 4808 Moorland Lane Apt. #803		<b>Transaction ID : SA11AI.8177</b>
City Bethesda	State MD	Zip Code 20814
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Richard Ko</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 25 / 2013
Mailing Address 6795 Stockwell Manor Drive		<b>Transaction ID : SA11AI.7582</b>
City Falls Church	State VA	Zip Code 22043
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 99 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Richard Ko**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6795 Stockwell Manor Drive  
 City Falls Church State VA Zip Code 22043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 23 / 2013  
**Transaction ID : SA11AI.7681**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Richard Ko**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6795 Stockwell Manor Drive  
 City Falls Church State VA Zip Code 22043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2013  
**Transaction ID : SA11AI.7777**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Richard Ko**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6795 Stockwell Manor Drive  
 City Falls Church State VA Zip Code 22043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2013  
**Transaction ID : SA11AI.7871**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 100 OF 221  
(check only one)

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Richard Ko**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6795 Stockwell Manor Drive  
City Falls Church State VA Zip Code 22043  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 25 / 2013  
**Transaction ID : SA11AI.7965**  
Amount of Each Receipt this Period 50.00  
Payroll deduction

**B. Dr. Richard Ko**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6795 Stockwell Manor Drive  
City Falls Church State VA Zip Code 22043  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 24 / 2013  
**Transaction ID : SA11AI.8056**  
Amount of Each Receipt this Period 50.00  
Payroll deduction

**C. Dr. Richard Ko**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6795 Stockwell Manor Drive  
City Falls Church State VA Zip Code 22043  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2013  
**Transaction ID : SA11AI.8153**  
Amount of Each Receipt this Period 50.00  
Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 101 OF 221  
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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Harkisan Laheri**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11722 Split Tree Circle  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 25 / 2013  
**Transaction ID : SA11AI.7583**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Harkisan Laheri**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11722 Split Tree Circle  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 23 / 2013  
**Transaction ID : SA11AI.7682**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Harkisan Laheri**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11722 Split Tree Circle  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2013  
**Transaction ID : SA11AI.7778**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 102 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Dr. Harkisan Laheri</b>		Date of Receipt MM / DD / YYYY 10 / 25 / 2013 <b>Transaction ID : SA11AI.7872</b>
Mailing Address 11722 Split Tree Circle		Amount of Each Receipt this Period 50.00
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C	Payroll deduction	
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Harkisan Laheri</b>		Date of Receipt MM / DD / YYYY 11 / 25 / 2013 <b>Transaction ID : SA11AI.7966</b>
Mailing Address 11722 Split Tree Circle		Amount of Each Receipt this Period 50.00
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C	Payroll deduction	
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Harkisan Laheri</b>		Date of Receipt MM / DD / YYYY 12 / 24 / 2013 <b>Transaction ID : SA11AI.8057</b>
Mailing Address 11722 Split Tree Circle		Amount of Each Receipt this Period 50.00
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C	Payroll deduction	
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Harkisan Laheri**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11722 Split Tree Circle  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2013  
**Transaction ID : SA11AI.8154**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Kathleen Leavitt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3467 North Venice Street  
 City Arlington State VA Zip Code 22207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 25 / 2013  
**Transaction ID : SA11AI.7610**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Kathleen Leavitt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3467 North Venice Street  
 City Arlington State VA Zip Code 22207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 23 / 2013  
**Transaction ID : SA11AI.7709**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Kathleen Leavitt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3467 North Venice Street  
 City State Zip Code  
 Arlington VA 22207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2013  
**Transaction ID : SA11AI.7806**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. Kathleen Leavitt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3467 North Venice Street  
 City State Zip Code  
 Arlington VA 22207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2013  
**Transaction ID : SA11AI.7899**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Dr. Kathleen Leavitt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3467 North Venice Street  
 City State Zip Code  
 Arlington VA 22207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : SA11AI.7992**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Dr. Kathleen Leavitt**

Mailing Address 3467 North Venice Street

City State Zip Code  
 Arlington VA 22207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 First Colonies Anesthesia Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8090**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

Full Name (Last, First, Middle Initial)  
**B. Dr. Kathleen Leavitt**

Mailing Address 3467 North Venice Street

City State Zip Code  
 Arlington VA 22207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 First Colonies Anesthesia Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8183**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

Full Name (Last, First, Middle Initial)  
**C. Dr. Thomas Malone**

Mailing Address 11667 Fairmont Place

City State Zip Code  
 Ijamsville MD 21754

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 First Colonies Anesthesia Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7652**

Amount of Each Receipt this Period  
 75.00

Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Thomas Malone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11667 Fairmont Place  
 City Ijamsville State MD Zip Code 21754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 08 / 23 / 2013  
**Transaction ID : SA11AI.7726**  
 Amount of Each Receipt this Period 75.00  
 Payroll deduction

**B. Dr. Thomas Malone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11667 Fairmont Place  
 City Ijamsville State MD Zip Code 21754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 25 / 2013  
**Transaction ID : SA11AI.7850**  
 Amount of Each Receipt this Period 75.00  
 Payroll deduction

**C. Dr. Thomas Malone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11667 Fairmont Place  
 City Ijamsville State MD Zip Code 21754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 10 / 25 / 2013  
**Transaction ID : SA11AI.7944**  
 Amount of Each Receipt this Period 75.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Thomas Malone**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11667 Fairmont Place  
City Ijamsville State MD Zip Code 21754  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **750.00**

Date of Receipt **11 / 25 / 2013**  
**Transaction ID : SA11AI.8035**  
Amount of Each Receipt this Period **75.00**  
Payroll deduction

**B. Dr. Thomas Malone**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11667 Fairmont Place  
City Ijamsville State MD Zip Code 21754  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **825.00**

Date of Receipt **12 / 24 / 2013**  
**Transaction ID : SA11AI.8132**  
Amount of Each Receipt this Period **75.00**  
Payroll deduction

**C. Dr. Thomas Malone**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11667 Fairmont Place  
City Ijamsville State MD Zip Code 21754  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **900.00**

Date of Receipt **12 / 31 / 2013**  
**Transaction ID : SA11AI.8226**  
Amount of Each Receipt this Period **75.00**  
Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... **225.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Mollyann March**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6504 Greentree Road  
 City Bethesda State MD Zip Code 20817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 25 / 2013  
**Transaction ID : SA11AI.7611**  
 Amount of Each Receipt this Period 75.00  
 Payroll deduction

**B. Dr. Mollyann March**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6504 Greentree Road  
 City Bethesda State MD Zip Code 20817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 08 / 23 / 2013  
**Transaction ID : SA11AI.7710**  
 Amount of Each Receipt this Period 75.00  
 Payroll deduction

**C. Dr. Mollyann March**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6504 Greentree Road  
 City Bethesda State MD Zip Code 20817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 25 / 2013  
**Transaction ID : SA11AI.7807**  
 Amount of Each Receipt this Period 75.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 109 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Mollyann March**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6504 Greentree Road  
 City Bethesda State MD Zip Code 20817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2013  
**Transaction ID : SA11AI.7900**  
 Amount of Each Receipt this Period 75.00  
 Payroll deduction

**B. Dr. Mollyann March**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6504 Greentree Road  
 City Bethesda State MD Zip Code 20817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : SA11AI.7993**  
 Amount of Each Receipt this Period 75.00  
 Payroll deduction

**C. Dr. Mollyann March**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6504 Greentree Road  
 City Bethesda State MD Zip Code 20817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8091**  
 Amount of Each Receipt this Period 75.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 110 OF 221  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Mollyann March**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6504 Greentree Road  
City Bethesda State MD Zip Code 20817  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **900.00**

Date of Receipt **12 / 31 / 2013**  
**Transaction ID : SA11AI.8184**  
Amount of Each Receipt this Period **75.00**  
Payroll deduction

**B. Dr. Stephen Martin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3336 O Street, NW  
City Washington State DC Zip Code 20007  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 25 / 2013**  
**Transaction ID : SA11AI.7584**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**C. Dr. Stephen Martin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3336 O Street, NW  
City Washington State DC Zip Code 20007  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **350.00**

Date of Receipt **08 / 23 / 2013**  
**Transaction ID : SA11AI.7683**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... **175.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 111 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Stephen Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3336 O Street, NW  
 City Washington State DC Zip Code 20007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2013  
**Transaction ID : SA11AI.7779**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Stephen Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3336 O Street, NW  
 City Washington State DC Zip Code 20007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2013  
**Transaction ID : SA11AI.7873**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Stephen Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3336 O Street, NW  
 City Washington State DC Zip Code 20007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 25 / 2013  
**Transaction ID : SA11AI.7967**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Stephen Martin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3336 O Street, NW  
City Washington State DC Zip Code 20007  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **550.00**

Date of Receipt **12 / 24 / 2013**  
**Transaction ID : SA11AI.8058**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**B. Dr. Stephen Martin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3336 O Street, NW  
City Washington State DC Zip Code 20007  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2013**  
**Transaction ID : SA11AI.8155**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**c. Omid Moayed**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8913 Cherbourg Drive  
City Potomac State MD Zip Code 20854  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 25 / 2013**  
**Transaction ID : SA11AI.7596**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 113 OF 221  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Omid Moayed**

Mailing Address 8913 Cherbourg Drive

City Potomac	State MD	Zip Code 20854
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2013

**Transaction ID : SA11AI.7695**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

Full Name (Last, First, Middle Initial)  
**B. Omid Moayed**

Mailing Address 8913 Cherbourg Drive

City Potomac	State MD	Zip Code 20854
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2013

**Transaction ID : SA11AI.7791**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

Full Name (Last, First, Middle Initial)  
**c. Omid Moayed**

Mailing Address 8913 Cherbourg Drive

City Potomac	State MD	Zip Code 20854
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2013

**Transaction ID : SA11AI.7885**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Omid Moayed**  
Full Name (Last, First, Middle Initial)

Mailing Address 8913 Cherbourg Drive

City Potomac State MD Zip Code 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 /  /   
**Transaction ID : SA11AI.7978**

Amount of Each Receipt this Period

Payroll deduction

**B. Omid Moayed**  
Full Name (Last, First, Middle Initial)

Mailing Address 8913 Cherbourg Drive

City Potomac State MD Zip Code 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
 /  /   
**Transaction ID : SA11AI.8069**

Amount of Each Receipt this Period

Payroll deduction

**c. Omid Moayed**  
Full Name (Last, First, Middle Initial)

Mailing Address 8913 Cherbourg Drive

City Potomac State MD Zip Code 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 /  /   
**Transaction ID : SA11AI.8166**

Amount of Each Receipt this Period

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Danielle Mossman**  
Full Name (Last, First, Middle Initial)

Mailing Address 3709 Falling Green Way

City Mt. Airy	State MD	Zip Code 21771
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2013

**Transaction ID : SA11AI.7658**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

**B. Dr. Danielle Mossman**  
Full Name (Last, First, Middle Initial)

Mailing Address 3709 Falling Green Way

City Mt. Airy	State MD	Zip Code 21771
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2013

**Transaction ID : SA11AI.7732**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

**C. Dr. Danielle Mossman**  
Full Name (Last, First, Middle Initial)

Mailing Address 3709 Falling Green Way

City Mt. Airy	State MD	Zip Code 21771
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2013

**Transaction ID : SA11AI.7844**

Amount of Each Receipt this Period  

50.00
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Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Danielle Mossman**  
Full Name (Last, First, Middle Initial)

Mailing Address 3709 Falling Green Way

City Mt. Airy	State MD	Zip Code 21771
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2013

**Transaction ID : SA11AI.7937**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

**B. Dr. Danielle Mossman**  
Full Name (Last, First, Middle Initial)

Mailing Address 3709 Falling Green Way

City Mt. Airy	State MD	Zip Code 21771
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2013

**Transaction ID : SA11AI.8031**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

**C. Dr. Danielle Mossman**  
Full Name (Last, First, Middle Initial)

Mailing Address 3709 Falling Green Way

City Mt. Airy	State MD	Zip Code 21771
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2013

**Transaction ID : SA11AI.8128**

Amount of Each Receipt this Period  

50.00
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Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 117 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Danielle Mossman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3709 Falling Green Way  
 City State Zip Code  
 Mt. Airy MD 21771  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8222**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. Thomas Munro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15310 Forest Lake Court  
 City State Zip Code  
 Darnestown MD 20874  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7643**  
 Amount of Each Receipt this Period  
 75.00  
 Payroll deduction

**C. Dr. Thomas Munro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15310 Forest Lake Court  
 City State Zip Code  
 Darnestown MD 20874  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2013  
**Transaction ID : SA11AI.7765**  
 Amount of Each Receipt this Period  
 75.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 118 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Thomas Munro**  
Full Name (Last, First, Middle Initial)

Mailing Address 15310 Forest Lake Court

City Darnestown	State MD	Zip Code 20874
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2013

**Transaction ID : SA11AI.7859**

Amount of Each Receipt this Period  

75.00
-------

Payroll deduction

**B. Dr. Thomas Munro**  
Full Name (Last, First, Middle Initial)

Mailing Address 15310 Forest Lake Court

City Darnestown	State MD	Zip Code 20874
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2013

**Transaction ID : SA11AI.7953**

Amount of Each Receipt this Period  

75.00
-------

Payroll deduction

**C. Dr. Thomas Munro**  
Full Name (Last, First, Middle Initial)

Mailing Address 15310 Forest Lake Court

City Darnestown	State MD	Zip Code 20874
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2013

**Transaction ID : SA11AI.8044**

Amount of Each Receipt this Period  

75.00
-------

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>225.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 119 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Thomas Munro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15310 Forest Lake Court  
 City Darnestown State MD Zip Code 20874  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **825.00**

Date of Receipt **12 / 24 / 2013**  
**Transaction ID : SA11AI.8141**  
 Amount of Each Receipt this Period **75.00**  
 Payroll deduction

**B. Dr. Thomas Munro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15310 Forest Lake Court  
 City Darnestown State MD Zip Code 20874  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **12 / 31 / 2013**  
**Transaction ID : SA11AI.8235**  
 Amount of Each Receipt this Period **75.00**  
 Payroll deduction

**C. Dr. Anna Noriega-Nalls**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 603 Queen Street #4  
 City Alexandria State VA Zip Code 22314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **07 / 25 / 2013**  
**Transaction ID : SA11AI.7585**  
 Amount of Each Receipt this Period **100.00**  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... **250.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 120 OF 221  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Anna Noriega-Nalls**  
Full Name (Last, First, Middle Initial)  
Mailing Address 603 Queen Street #4  
City Alexandria State VA Zip Code 22314  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **700.00**

Date of Receipt **08 / 23 / 2013**  
**Transaction ID : SA11AI.7684**  
Amount of Each Receipt this Period **100.00**  
Payroll deduction

**B. Dr. Anna Noriega-Nalls**  
Full Name (Last, First, Middle Initial)  
Mailing Address 603 Queen Street #4  
City Alexandria State VA Zip Code 22314  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **800.00**

Date of Receipt **09 / 25 / 2013**  
**Transaction ID : SA11AI.7780**  
Amount of Each Receipt this Period **100.00**  
Payroll deduction

**C. Dr. Anna Noriega-Nalls**  
Full Name (Last, First, Middle Initial)  
Mailing Address 603 Queen Street #4  
City Alexandria State VA Zip Code 22314  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **900.00**

Date of Receipt **10 / 25 / 2013**  
**Transaction ID : SA11AI.7874**  
Amount of Each Receipt this Period **100.00**  
Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... **300.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 221
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Anna Noriega-Nalls**

Full Name (Last, First, Middle Initial)  
Mailing Address 603 Queen Street #4  
City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer: First Colonies Anesthesia  
Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 25 / 2013  
**Transaction ID : SA11AI.7968**

Amount of Each Receipt this Period: 100.00

Payroll deduction

**B. Dr. Anna Noriega-Nalls**

Full Name (Last, First, Middle Initial)  
Mailing Address 603 Queen Street #4  
City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer: First Colonies Anesthesia  
Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 12 / 24 / 2013  
**Transaction ID : SA11AI.8059**

Amount of Each Receipt this Period: 100.00

Payroll deduction

**C. Dr. Anna Noriega-Nalls**

Full Name (Last, First, Middle Initial)  
Mailing Address 603 Queen Street #4  
City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer: First Colonies Anesthesia  
Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 12 / 31 / 2013  
**Transaction ID : SA11AI.8156**

Amount of Each Receipt this Period: 100.00

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 122 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Denis O'Fallon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12123 Merricks Court  
 City State Zip Code  
 Monrovia MD 21770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7651**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. Denis O'Fallon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12123 Merricks Court  
 City State Zip Code  
 Monrovia MD 21770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2013  
**Transaction ID : SA11AI.7725**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Dr. Denis O'Fallon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12123 Merricks Court  
 City State Zip Code  
 Monrovia MD 21770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2013  
**Transaction ID : SA11AI.7851**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Dr. Denis O'Fallon</b>		Date of Receipt
Mailing Address 12123 Merricks Court		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City State Zip Code Monrovia MD 21770		<b>Transaction ID : SA11AI.7945</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Dr. Denis O'Fallon</b>		Date of Receipt
Mailing Address 12123 Merricks Court		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City State Zip Code Monrovia MD 21770		<b>Transaction ID : SA11AI.8036</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Dr. Denis O'Fallon</b>		Date of Receipt
Mailing Address 12123 Merricks Court		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City State Zip Code Monrovia MD 21770		<b>Transaction ID : SA11AI.8133</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="550.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 124 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Dr. Denis O'Fallon</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2013 <b>Transaction ID : SA11AI.8227</b>
Mailing Address 12123 Merricks Court		Amount of Each Receipt this Period 50.00
City Monrovia	State MD	Zip Code 21770
FEC ID number of contributing federal political committee. C	Payroll deduction	
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Philip Owens</b>		Date of Receipt MM / DD / YYYY 07 / 25 / 2013 <b>Transaction ID : SA11AI.7586</b>
Mailing Address 141 Adams Street, NW		Amount of Each Receipt this Period 50.00
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C	Payroll deduction	
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Philip Owens</b>		Date of Receipt MM / DD / YYYY 08 / 23 / 2013 <b>Transaction ID : SA11AI.7685</b>
Mailing Address 141 Adams Street, NW		Amount of Each Receipt this Period 50.00
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C	Payroll deduction	
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 125 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Philip Owens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 141 Adams Street, NW  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2013  
**Transaction ID : SA11AI.7781**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Philip Owens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 141 Adams Street, NW  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2013  
**Transaction ID : SA11AI.7875**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Philip Owens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 141 Adams Street, NW  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 25 / 2013  
**Transaction ID : SA11AI.7969**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 126 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Dr. Philip Owens</b>		Date of Receipt 12 / 24 / 2013 <b>Transaction ID : SA11AI.8060</b>
Mailing Address 141 Adams Street, NW		Amount of Each Receipt this Period 50.00
City Washington State DC Zip Code 20001	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction
Name of Employer First Colonies Anesthesia Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00

Full Name (Last, First, Middle Initial) <b>B. Dr. Philip Owens</b>		Date of Receipt 12 / 31 / 2013 <b>Transaction ID : SA11AI.8157</b>
Mailing Address 141 Adams Street, NW		Amount of Each Receipt this Period 50.00
City Washington State DC Zip Code 20001	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction
Name of Employer First Colonies Anesthesia Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00

Full Name (Last, First, Middle Initial) <b>C. Dr. Kent Ozkum</b>		Date of Receipt 07 / 25 / 2013 <b>Transaction ID : SA11AI.7642</b>
Mailing Address 10720 Dern Road		Amount of Each Receipt this Period 50.00
City Emmitsburg State MD Zip Code 21727	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction
Name of Employer First Colonies Anesthesia Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:	PAGE 127 OF 221
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Kent Ozkum**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10720 Dern Road

City Emmitsburg	State MD	Zip Code 21727
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2013  
**Transaction ID : SA11AI.7766**

Amount of Each Receipt this Period  
50.00

Payroll deduction

**B. Dr. Kent Ozkum**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10720 Dern Road

City Emmitsburg	State MD	Zip Code 21727
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2013  
**Transaction ID : SA11AI.7860**

Amount of Each Receipt this Period  
50.00

Payroll deduction

**C. Dr. Kent Ozkum**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10720 Dern Road

City Emmitsburg	State MD	Zip Code 21727
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2013  
**Transaction ID : SA11AI.7954**

Amount of Each Receipt this Period  
50.00

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 128 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Kent Ozkum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10720 Dern Road  
 City Emmitsburg State MD Zip Code 21727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 25 / 2013  
**Transaction ID : SA11AI.8045**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Kent Ozkum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10720 Dern Road  
 City Emmitsburg State MD Zip Code 21727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 24 / 2013  
**Transaction ID : SA11AI.8142**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Kent Ozkum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10720 Dern Road  
 City Emmitsburg State MD Zip Code 21727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2013  
**Transaction ID : SA11AI.8236**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 129 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Paul Park**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 510 Golden Oak Terrace  
 City State Zip Code  
 Rockville MD 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7587**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. Paul Park**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 510 Golden Oak Terrace  
 City State Zip Code  
 Rockville MD 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2013  
**Transaction ID : SA11AI.7686**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Dr. Paul Park**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 510 Golden Oak Terrace  
 City State Zip Code  
 Rockville MD 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2013  
**Transaction ID : SA11AI.7782**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 130 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Paul Park**  
Full Name (Last, First, Middle Initial)  
Mailing Address 510 Golden Oak Terrace

City Rockville	State MD	Zip Code 20850
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FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2013

**Transaction ID : SA11AI.7876**

Amount of Each Receipt this Period  
50.00

Payroll deduction

**B. Dr. Paul Park**  
Full Name (Last, First, Middle Initial)  
Mailing Address 510 Golden Oak Terrace

City Rockville	State MD	Zip Code 20850
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2013

**Transaction ID : SA11AI.7970**

Amount of Each Receipt this Period  
50.00

Payroll deduction

**C. Dr. Paul Park**  
Full Name (Last, First, Middle Initial)  
Mailing Address 510 Golden Oak Terrace

City Rockville	State MD	Zip Code 20850
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2013

**Transaction ID : SA11AI.8061**

Amount of Each Receipt this Period  
50.00

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 131 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Dr. Paul Park</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2013 <b>Transaction ID : SA11AI.8158</b>
Mailing Address 510 Golden Oak Terrace		Amount of Each Receipt this Period 50.00
City Rockville	State MD	Zip Code 20850
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Kestutis Pauliukonis</b>		Date of Receipt MM / DD / YYYY 07 / 25 / 2013 <b>Transaction ID : SA11AI.7588</b>
Mailing Address 1813 Solitaire Lane		Amount of Each Receipt this Period 50.00
City McLean	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Kestutis Pauliukonis</b>		Date of Receipt MM / DD / YYYY 08 / 23 / 2013 <b>Transaction ID : SA11AI.7687</b>
Mailing Address 1813 Solitaire Lane		Amount of Each Receipt this Period 50.00
City McLean	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 132 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Dr. Kestutis Pauliukonis</b>		Date of Receipt
Mailing Address 1813 Solitaire Lane		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City McLean	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.7783</b>
Name of Employer First Colonies Anesthesia		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation Physician		Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Dr. Kestutis Pauliukonis</b>		Date of Receipt
Mailing Address 1813 Solitaire Lane		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City McLean	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.7877</b>
Name of Employer First Colonies Anesthesia		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation Physician		Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Dr. Kestutis Pauliukonis</b>		Date of Receipt
Mailing Address 1813 Solitaire Lane		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City McLean	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.7971</b>
Name of Employer First Colonies Anesthesia		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation Physician		Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Kestutis Pauliukonis**  
Full Name (Last, First, Middle Initial)

Mailing Address 1813 Solitaire Lane

City McLean State VA Zip Code 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8062**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

**B. Dr. Kestutis Pauliukonis**  
Full Name (Last, First, Middle Initial)

Mailing Address 1813 Solitaire Lane

City McLean State VA Zip Code 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8159**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

**C. Dr. Michael Peck**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 Farm Haven Court

City Rockville State MD Zip Code 20852

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7612**

Amount of Each Receipt this Period  
**75.00**

Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **175.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Michael Peck**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4 Farm Haven Court

City Rockville	State MD	Zip Code 20852
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2013

**Transaction ID : SA11AI.7713**

Amount of Each Receipt this Period  
75.00

Payroll deduction

**B. Dr. Michael Peck**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4 Farm Haven Court

City Rockville	State MD	Zip Code 20852
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2013

**Transaction ID : SA11AI.7808**

Amount of Each Receipt this Period  
75.00

Payroll deduction

**C. Dr. Michael Peck**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4 Farm Haven Court

City Rockville	State MD	Zip Code 20852
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
675.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2013

**Transaction ID : SA11AI.7901**

Amount of Each Receipt this Period  
75.00

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 135 OF 221  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Michael Peck**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4 Farm Haven Court

City Rockville	State MD	Zip Code 20852
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2013

**Transaction ID : SA11AI.7995**

Amount of Each Receipt this Period  
75.00

Payroll deduction

**B. Dr. Michael Peck**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4 Farm Haven Court

City Rockville	State MD	Zip Code 20852
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
825.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2013

**Transaction ID : SA11AI.8092**

Amount of Each Receipt this Period  
75.00

Payroll deduction

**C. Dr. Michael Peck**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4 Farm Haven Court

City Rockville	State MD	Zip Code 20852
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

**Transaction ID : SA11AI.8185**

Amount of Each Receipt this Period  
75.00

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 136 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Ramani Peruvemba**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8302 Fox Haven Drive  
 City McLean State VA Zip Code 22102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7589**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Ramani Peruvemba**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8302 Fox Haven Drive  
 City McLean State VA Zip Code 22102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2013  
**Transaction ID : SA11AI.7688**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Ramani Peruvemba**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8302 Fox Haven Drive  
 City McLean State VA Zip Code 22102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2013  
**Transaction ID : SA11AI.7784**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 137 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Ramani Peruvemba**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8302 Fox Haven Drive  
 City McLean State VA Zip Code 22102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2013  
**Transaction ID : SA11AI.7878**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Ramani Peruvemba**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8302 Fox Haven Drive  
 City McLean State VA Zip Code 22102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 25 / 2013  
**Transaction ID : SA11AI.7972**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Ramani Peruvemba**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8302 Fox Haven Drive  
 City McLean State VA Zip Code 22102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 24 / 2013  
**Transaction ID : SA11AI.8063**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 138 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Ramani Peruvemba**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8302 Fox Haven Drive  
 City McLean State VA Zip Code 22102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8160**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Eugen Pirovic**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3912 Calverton Drive  
 City Hyattsville State MD Zip Code 20782  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7618**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Eugen Pirovic**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3912 Calverton Drive  
 City Hyattsville State MD Zip Code 20782  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 23 / 2013  
**Transaction ID : SA11AI.7762**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 139 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Eugen Pirovic**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3912 Calverton Drive  
 City Hyattsville State MD Zip Code 20782  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2013  
**Transaction ID : SA11AI.7814**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Eugen Pirovic**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3912 Calverton Drive  
 City Hyattsville State MD Zip Code 20782  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2013  
**Transaction ID : SA11AI.7907**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Eugen Pirovic**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3912 Calverton Drive  
 City Hyattsville State MD Zip Code 20782  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : SA11AI.8001**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 140 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Eugen Pirovic**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3912 Calverton Drive  
 City Hyattsville State MD Zip Code 20782  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 24 / 2013  
**Transaction ID : SA11AI.8098**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Eugen Pirovic**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3912 Calverton Drive  
 City Hyattsville State MD Zip Code 20782  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2013  
**Transaction ID : SA11AI.8191**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Jeffrey Richman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6906 Granite Ridge Ct.  
 City Baltimore State MD Zip Code 21209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 25 / 2013  
**Transaction ID : SA11AI.7633**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 141 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Jeffrey Richman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6906 Granite Ridge Ct.  
 City Baltimore State MD Zip Code 21209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 23 / 2013  
**Transaction ID : SA11AI.7748**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Jeffrey Richman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6906 Granite Ridge Ct.  
 City Baltimore State MD Zip Code 21209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2013  
**Transaction ID : SA11AI.7828**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Jeffrey Richman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6906 Granite Ridge Ct.  
 City Baltimore State MD Zip Code 21209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2013  
**Transaction ID : SA11AI.7921**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Jeffrey Richman**  
Full Name (Last, First, Middle Initial)

Mailing Address 6906 Granite Ridge Ct.

City Baltimore	State MD	Zip Code 21209
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2013

**Transaction ID : SA11AI.8015**

Amount of Each Receipt this Period  
50.00

Payroll deduction

**B. Dr. Jeffrey Richman**  
Full Name (Last, First, Middle Initial)

Mailing Address 6906 Granite Ridge Ct.

City Baltimore	State MD	Zip Code 21209
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2013

**Transaction ID : SA11AI.8112**

Amount of Each Receipt this Period  
50.00

Payroll deduction

**C. Dr. Jeffrey Richman**  
Full Name (Last, First, Middle Initial)

Mailing Address 6906 Granite Ridge Ct.

City Baltimore	State MD	Zip Code 21209
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

**Transaction ID : SA11AI.8205**

Amount of Each Receipt this Period  
50.00

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 143 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Charles Rizzuto**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6409 Pinehurst Road  
 City Baltimore State MD Zip Code 21212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonis Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 25 / 2013  
**Transaction ID : SA11AI.7630**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Charles Rizzuto**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6409 Pinehurst Road  
 City Baltimore State MD Zip Code 21212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonis Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 23 / 2013  
**Transaction ID : SA11AI.7751**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Charles Rizzuto**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6409 Pinehurst Road  
 City Baltimore State MD Zip Code 21212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonis Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2013  
**Transaction ID : SA11AI.7825**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 144 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Dr. Charles Rizzuto</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 25 / 2013 <b>Transaction ID : SA11AI.7918</b>
Mailing Address 6409 Pinehurst Road		Amount of Each Receipt this Period 50.00
City Baltimore	State MD	Zip Code 21212
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer First Colonis Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Charles Rizzuto</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 25 / 2013 <b>Transaction ID : SA11AI.8012</b>
Mailing Address 6409 Pinehurst Road		Amount of Each Receipt this Period 50.00
City Baltimore	State MD	Zip Code 21212
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer First Colonis Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Charles Rizzuto</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 24 / 2013 <b>Transaction ID : SA11AI.8109</b>
Mailing Address 6409 Pinehurst Road		Amount of Each Receipt this Period 50.00
City Baltimore	State MD	Zip Code 21212
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer First Colonis Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 145 OF 221  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Charles Rizzuto**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6409 Pinehurst Road  
City Baltimore State MD Zip Code 21212  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonis Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2013**  
**Transaction ID : SA11AI.8202**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**B. James A Rothschild**  
Full Name (Last, First, Middle Initial)  
Mailing Address 205 Woodlawn Road  
City Baltimore State MD Zip Code 21210  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 25 / 2013**  
**Transaction ID : SA11AI.7832**  
Amount of Each Receipt this Period **100.00**  
Payroll deduction

**C. James A Rothschild**  
Full Name (Last, First, Middle Initial)  
Mailing Address 205 Woodlawn Road  
City Baltimore State MD Zip Code 21210  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **400.00**

Date of Receipt **10 / 25 / 2013**  
**Transaction ID : SA11AI.7925**  
Amount of Each Receipt this Period **100.00**  
Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... **250.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 146 OF 221  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. James A Rothschild**  
Full Name (Last, First, Middle Initial)  
Mailing Address 205 Woodlawn Road

City Baltimore	State MD	Zip Code 21210
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2013

**Transaction ID : SA11AI.8019**

Amount of Each Receipt this Period  
100.00

Payroll deduction

**B. James A Rothschild**  
Full Name (Last, First, Middle Initial)  
Mailing Address 205 Woodlawn Road

City Baltimore	State MD	Zip Code 21210
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2013

**Transaction ID : SA11AI.8116**

Amount of Each Receipt this Period  
100.00

Payroll deduction

**C. James A Rothschild**  
Full Name (Last, First, Middle Initial)  
Mailing Address 205 Woodlawn Road

City Baltimore	State MD	Zip Code 21210
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

**Transaction ID : SA11AI.8209**

Amount of Each Receipt this Period  
100.00

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 147 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Alexander Rubin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6611 Hunter Trail Way  
 City State Zip Code  
 Frederick MD 21702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7650**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. Alexander Rubin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6611 Hunter Trail Way  
 City State Zip Code  
 Frederick MD 21702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2013  
**Transaction ID : SA11AI.7724**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Dr. Alexander Rubin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6611 Hunter Trail Way  
 City State Zip Code  
 Frederick MD 21702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2013  
**Transaction ID : SA11AI.7852**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Alexander Rubin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6611 Hunter Trail Way  
City Frederick State MD Zip Code 21702  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **450.00**

Date of Receipt **10 / 25 / 2013**  
**Transaction ID : SA11AI.7946**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**B. Dr. Alexander Rubin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6611 Hunter Trail Way  
City Frederick State MD Zip Code 21702  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 25 / 2013**  
**Transaction ID : SA11AI.8037**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**C. Dr. Alexander Rubin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6611 Hunter Trail Way  
City Frederick State MD Zip Code 21702  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **550.00**

Date of Receipt **12 / 24 / 2013**  
**Transaction ID : SA11AI.8134**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 149 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Alexander Rubin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6611 Hunter Trail Way  
 City State Zip Code  
 Frederick MD 21702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8230**  
 Amount of Each Receipt this Period  
 -50.00  
 Payroll deduction

**B. Leudvig Sardarian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11601 Brandy Hall Lane  
 City State Zip Code  
 North Potomac MD 20878  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7639**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Leudvig Sardarian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11601 Brandy Hall Lane  
 City State Zip Code  
 North Potomac MD 20878  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2013  
**Transaction ID : SA11AI.7769**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 150 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Leudvig Sardarian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11601 Brandy Hall Lane  
 City North Potomac State MD Zip Code 20878  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2013  
**Transaction ID : SA11AI.7863**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Leudvig Sardarian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11601 Brandy Hall Lane  
 City North Potomac State MD Zip Code 20878  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2013  
**Transaction ID : SA11AI.7957**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Leudvig Sardarian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11601 Brandy Hall Lane  
 City North Potomac State MD Zip Code 20878  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 25 / 2013  
**Transaction ID : SA11AI.8048**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 151 OF 221  
(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Leudvig Sardarian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11601 Brandy Hall Lane  
 City North Potomac State MD Zip Code 20878  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 24 / 2013  
**Transaction ID : SA11AI.8145**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Leudvig Sardarian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11601 Brandy Hall Lane  
 City North Potomac State MD Zip Code 20878  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2013  
**Transaction ID : SA11AI.8239**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**c. Dr. Suzanne Scattergood**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14700 Crossway Road  
 City Rockville State MD Zip Code 20853  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 25 / 2013  
**Transaction ID : SA11AI.7649**  
 Amount of Each Receipt this Period 100.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 152 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Suzanne Scattergood**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14700 Crossway Road  
 City State Zip Code  
 Rockville MD 20853  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2013  
**Transaction ID : SA11AI.7723**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll deduction

**B. Dr. Suzanne Scattergood**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14700 Crossway Road  
 City State Zip Code  
 Rockville MD 20853  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2013  
**Transaction ID : SA11AI.7853**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll deduction

**C. Dr. Suzanne Scattergood**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14700 Crossway Road  
 City State Zip Code  
 Rockville MD 20853  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2013  
**Transaction ID : SA11AI.7947**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 153 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Suzanne Scattergood**  
Full Name (Last, First, Middle Initial)

Mailing Address 14700 Crossway Road

City Rockville State MD Zip Code 20853

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : SA11AI.8038**

Amount of Each Receipt this Period  
 100.00

Payroll deduction

**B. Dr. Suzanne Scattergood**  
Full Name (Last, First, Middle Initial)

Mailing Address 14700 Crossway Road

City Rockville State MD Zip Code 20853

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8135**

Amount of Each Receipt this Period  
 100.00

Payroll deduction

**C. Dr. Suzanne Scattergood**  
Full Name (Last, First, Middle Initial)

Mailing Address 14700 Crossway Road

City Rockville State MD Zip Code 20853

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8228**

Amount of Each Receipt this Period  
 100.00

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 154 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Mark Seymour**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2932 Thurston Rd.  
 City State Zip Code  
 Frederick MD 21704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7648**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. Mark Seymour**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2932 Thurston Rd.  
 City State Zip Code  
 Frederick MD 21704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2013  
**Transaction ID : SA11AI.7722**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Dr. Mark Seymour**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2932 Thurston Rd.  
 City State Zip Code  
 Frederick MD 21704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2013  
**Transaction ID : SA11AI.7854**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:	PAGE 155 OF 221
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Mark Seymour**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2932 Thurston Rd.  
 City State Zip Code  
 Frederick MD 21704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2013  
**Transaction ID : SA11AI.7948**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. Mark Seymour**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2932 Thurston Rd.  
 City State Zip Code  
 Frederick MD 21704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : SA11AI.8039**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Dr. Mark Seymour**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2932 Thurston Rd.  
 City State Zip Code  
 Frederick MD 21704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8136**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 156 OF 221  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Mark Seymour**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2932 Thurston Rd.  
City Frederick State MD Zip Code 21704  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2013**  
**Transaction ID : SA11AI.8229**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**B. Dr. Nader Soliman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22905 David Mill Road  
City Germantown State MD Zip Code 20876  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 25 / 2013**  
**Transaction ID : SA11AI.7590**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**C. Dr. Nader Soliman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22905 David Mill Road  
City Germantown State MD Zip Code 20876  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **350.00**

Date of Receipt **08 / 23 / 2013**  
**Transaction ID : SA11AI.7689**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 157 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Nader Soliman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22905 David Mill Road  
 City State Zip Code  
 Germantown MD 20876  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2013  
**Transaction ID : SA11AI.7785**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. Nader Soliman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22905 David Mill Road  
 City State Zip Code  
 Germantown MD 20876  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2013  
**Transaction ID : SA11AI.7879**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Dr. Nader Soliman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22905 David Mill Road  
 City State Zip Code  
 Germantown MD 20876  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : SA11AI.7973**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 158 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Nader Soliman**  
Full Name (Last, First, Middle Initial)

Mailing Address 22905 David Mill Road

City Germantown State MD Zip Code 20876

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2013

**Transaction ID : SA11AI.8064**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

**B. Dr. Nader Soliman**  
Full Name (Last, First, Middle Initial)

Mailing Address 22905 David Mill Road

City Germantown State MD Zip Code 20876

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11AI.8161**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

**C. Dr. James Sowry**  
Full Name (Last, First, Middle Initial)

Mailing Address 5008 Green Bridge Road

City Dayton State MD Zip Code 21036

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2013

**Transaction ID : SA11AI.7929**

Amount of Each Receipt this Period  
**25.00**

Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **125.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 159 OF 221  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. James Sowry**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5008 Green Bridge Road  
City Dayton State MD Zip Code 21036  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 25 / 2013  
**Transaction ID : SA11AI.8023**  
Amount of Each Receipt this Period 25.00  
Payroll deduction

**B. Dr. James Sowry**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5008 Green Bridge Road  
City Dayton State MD Zip Code 21036  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 24 / 2013  
**Transaction ID : SA11AI.8120**  
Amount of Each Receipt this Period 25.00  
Payroll deduction

**C. Dr. James Sowry**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5008 Green Bridge Road  
City Dayton State MD Zip Code 21036  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2013  
**Transaction ID : SA11AI.8214**  
Amount of Each Receipt this Period 25.00  
Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 160 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Robert Study**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6 Beall Spring Court

City Potomac	State MD	Zip Code 20854
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2013

**Transaction ID : SA11AI.7613**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

**B. Dr. Robert Study**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6 Beall Spring Court

City Potomac	State MD	Zip Code 20854
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2013

**Transaction ID : SA11AI.7714**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

**C. Dr. Robert Study**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6 Beall Spring Court

City Potomac	State MD	Zip Code 20854
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2013

**Transaction ID : SA11AI.7809**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 161 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Robert Study**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Beall Spring Court  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2013  
**Transaction ID : SA11AI.7902**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Robert Study**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Beall Spring Court  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 25 / 2013  
**Transaction ID : SA11AI.7996**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Robert Study**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Beall Spring Court  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 24 / 2013  
**Transaction ID : SA11AI.8093**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Robert Study**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6 Beall Spring Court  
City Potomac State MD Zip Code 20854  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2013**  
**Transaction ID : SA11AI.8186**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**B. Dr. Lisa Sullivan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4639 Teen Barnes Road  
City Frederick State MD Zip Code 21703  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 25 / 2013**  
**Transaction ID : SA11AI.7647**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**C. Dr. Lisa Sullivan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4639 Teen Barnes Road  
City Frederick State MD Zip Code 21703  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **350.00**

Date of Receipt **08 / 23 / 2013**  
**Transaction ID : SA11AI.7721**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Lisa Sullivan**  
Full Name (Last, First, Middle Initial)

Mailing Address 4639 Teen Barnes Road

City Frederick	State MD	Zip Code 21703
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2013

**Transaction ID : SA11AI.7855**

Amount of Each Receipt this Period  
50.00

Payroll deduction

**B. Dr. Lisa Sullivan**  
Full Name (Last, First, Middle Initial)

Mailing Address 4639 Teen Barnes Road

City Frederick	State MD	Zip Code 21703
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2013

**Transaction ID : SA11AI.7949**

Amount of Each Receipt this Period  
50.00

Payroll deduction

**C. Dr. Lisa Sullivan**  
Full Name (Last, First, Middle Initial)

Mailing Address 4639 Teen Barnes Road

City Frederick	State MD	Zip Code 21703
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2013

**Transaction ID : SA11AI.8040**

Amount of Each Receipt this Period  
50.00

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 164 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Lisa Sullivan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4639 Teen Barnes Road  
 City State Zip Code  
 Frederick MD 21703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8137**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. Lisa Sullivan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4639 Teen Barnes Road  
 City State Zip Code  
 Frederick MD 21703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8231**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Dr. Robert Sullivan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4639 Teen Barnes Road  
 City State Zip Code  
 Frederick MD 21703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7646**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 165 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Robert Sullivan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4639 Teen Barnes Road  
 City State Zip Code  
 Frederick MD 21703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2013  
**Transaction ID : SA11AI.7720**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. Robert Sullivan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4639 Teen Barnes Road  
 City State Zip Code  
 Frederick MD 21703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2013  
**Transaction ID : SA11AI.7856**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Dr. Robert Sullivan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4639 Teen Barnes Road  
 City State Zip Code  
 Frederick MD 21703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2013  
**Transaction ID : SA11AI.7950**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 166 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Robert Sullivan**  
Full Name (Last, First, Middle Initial)

Mailing Address 4639 Teen Barnes Road

City Frederick	State MD	Zip Code 21703
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2013

**Transaction ID : SA11AI.8041**

Amount of Each Receipt this Period  
50.00

Payroll deduction

**B. Dr. Robert Sullivan**  
Full Name (Last, First, Middle Initial)

Mailing Address 4639 Teen Barnes Road

City Frederick	State MD	Zip Code 21703
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2013

**Transaction ID : SA11AI.8138**

Amount of Each Receipt this Period  
50.00

Payroll deduction

**C. Dr. Robert Sullivan**  
Full Name (Last, First, Middle Initial)

Mailing Address 4639 Teen Barnes Road

City Frederick	State MD	Zip Code 21703
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

**Transaction ID : SA11AI.8232**

Amount of Each Receipt this Period  
50.00

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 167 OF 221  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Louis Swann**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 6081

City McLean	State VA	Zip Code 22106
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2013

**Transaction ID : SA11AI.7614**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

**B. Dr. Louis Swann**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 6081

City McLean	State VA	Zip Code 22106
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2013

**Transaction ID : SA11AI.7715**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

**C. Dr. Louis Swann**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 6081

City McLean	State VA	Zip Code 22106
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2013

**Transaction ID : SA11AI.7810**

Amount of Each Receipt this Period  

50.00
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Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 168 OF 221
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Louis Swann**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 6081

City McLean	State VA	Zip Code 22106
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2013

**Transaction ID : SA11AI.7903**

Amount of Each Receipt this Period  
50.00

Payroll deduction

**B. Dr. Louis Swann**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 6081

City McLean	State VA	Zip Code 22106
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2013

**Transaction ID : SA11AI.7997**

Amount of Each Receipt this Period  
50.00

Payroll deduction

**C. Dr. Louis Swann**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 6081

City McLean	State VA	Zip Code 22106
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2013

**Transaction ID : SA11AI.8094**

Amount of Each Receipt this Period  
50.00

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 169 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Louis Swann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 6081  
 City McLean State VA Zip Code 22106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8187**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Rojack Tan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 507 Goodland Place  
 City Rockville State MD Zip Code 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7615**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Rojack Tan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 507 Goodland Place  
 City Rockville State MD Zip Code 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2013  
**Transaction ID : SA11AI.7716**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 170 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Rojack Tan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 507 Goodland Place  
 City State Zip Code  
 Rockville MD 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2013  
**Transaction ID : SA11AI.7811**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. Rojack Tan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 507 Goodland Place  
 City State Zip Code  
 Rockville MD 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2013  
**Transaction ID : SA11AI.7904**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Dr. Rojack Tan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 507 Goodland Place  
 City State Zip Code  
 Rockville MD 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : SA11AI.7998**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 171 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Rojack Tan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 507 Goodland Place  
 City State Zip Code  
 Rockville MD 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8095**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. Rojack Tan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 507 Goodland Place  
 City State Zip Code  
 Rockville MD 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8188**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Dr. Bernard Tsai**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10013 New London Drive  
 City State Zip Code  
 Potomac MD 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7591**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 172 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Bernard Tsai**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10013 New London Drive  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 23 / 2013  
**Transaction ID : SA11AI.7690**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Bernard Tsai**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10013 New London Drive  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2013  
**Transaction ID : SA11AI.7786**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Bernard Tsai**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10013 New London Drive  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2013  
**Transaction ID : SA11AI.7880**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Dr. Bernard Tsai</b>		Date of Receipt MM / DD / YYYY 11 / 25 / 2013 <b>Transaction ID : SA11AI.7974</b>
Mailing Address 10013 New London Drive		Amount of Each Receipt this Period 50.00
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C	Payroll deduction	
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Bernard Tsai</b>		Date of Receipt MM / DD / YYYY 12 / 24 / 2013 <b>Transaction ID : SA11AI.8065</b>
Mailing Address 10013 New London Drive		Amount of Each Receipt this Period 50.00
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C	Payroll deduction	
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Bernard Tsai</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2013 <b>Transaction ID : SA11AI.8162</b>
Mailing Address 10013 New London Drive		Amount of Each Receipt this Period 50.00
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C	Payroll deduction	
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Reed Underwood**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1518 T Street, NW

City Washington	State DC	Zip Code 20009
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2013

**Transaction ID : SA11AI.7601**

Amount of Each Receipt this Period  
50.00

Payroll deduction

**B. Dr. Reed Underwood**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1518 T Street, NW

City Washington	State DC	Zip Code 20009
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2013

**Transaction ID : SA11AI.7700**

Amount of Each Receipt this Period  
50.00

Payroll deduction

**C. Dr. Reed Underwood**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1518 T Street, NW

City Washington	State DC	Zip Code 20009
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2013

**Transaction ID : SA11AI.7796**

Amount of Each Receipt this Period  
50.00

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Reed Underwood**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1518 T Street, NW

City Washington	State DC	Zip Code 20009
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2013

**Transaction ID : SA11AI.7890**

Amount of Each Receipt this Period  
50.00

Payroll deduction

**B. Dr. Reed Underwood**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1518 T Street, NW

City Washington	State DC	Zip Code 20009
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2013

**Transaction ID : SA11AI.7983**

Amount of Each Receipt this Period  
50.00

Payroll deduction

**C. Dr. Reed Underwood**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1518 T Street, NW

City Washington	State DC	Zip Code 20009
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2013

**Transaction ID : SA11AI.8077**

Amount of Each Receipt this Period  
50.00

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Reed Underwood**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1518 T Street, NW  
 City Washington State DC Zip Code 20009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2013**  
**Transaction ID : SA11AI.8172**  
 Amount of Each Receipt this Period **50.00**  
 Payroll deduction

**B. Dr. Arnaldo Valedon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 Woodfield Court  
 City Reisterstown State MD Zip Code 21136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 25 / 2013**  
**Transaction ID : SA11AI.7667**  
 Amount of Each Receipt this Period **50.00**  
 Payroll deduction

**C. Dr. Arnaldo Valedon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 Woodfield Court  
 City Reisterstown State MD Zip Code 21136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **08 / 23 / 2013**  
**Transaction ID : SA11AI.7741**  
 Amount of Each Receipt this Period **50.00**  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 177 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Arnaldo Valedon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 Woodfield Court  
 City Reisterstown State MD Zip Code 21136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2013  
**Transaction ID : SA11AI.7835**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Arnaldo Valedon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 Woodfield Court  
 City Reisterstown State MD Zip Code 21136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2013  
**Transaction ID : SA11AI.7928**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Arnaldo Valedon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 Woodfield Court  
 City Reisterstown State MD Zip Code 21136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 25 / 2013  
**Transaction ID : SA11AI.8022**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 178 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Arnaldo Valedon**  
Full Name (Last, First, Middle Initial)

Mailing Address 22 Woodfield Court

City Reisterstown State MD Zip Code 21136

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **12 / 24 / 2013**

**Transaction ID : SA11AI.8119**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**B. Dr. Arnaldo Valedon**  
Full Name (Last, First, Middle Initial)

Mailing Address 22 Woodfield Court

City Reisterstown State MD Zip Code 21136

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 31 / 2013**

**Transaction ID : SA11AI.8213**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**C. Dr. Martha Van Clief**  
Full Name (Last, First, Middle Initial)

Mailing Address 405 Apple Grove Road

City Silver Spring State MD Zip Code 20904

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **07 / 25 / 2013**

**Transaction ID : SA11AI.7662**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 179 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Dr. Martha Van Clief**

Mailing Address 405 Apple Grove Road

City State Zip Code  
 Silver Spring MD 20904

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 First Colonies Anesthesia Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 08 / 23 / 2013  
**Transaction ID : SA11AI.7736**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

Full Name (Last, First, Middle Initial)  
**B. Dr. Martha Van Clief**

Mailing Address 405 Apple Grove Road

City State Zip Code  
 Silver Spring MD 20904

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 First Colonies Anesthesia Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 09 / 25 / 2013  
**Transaction ID : SA11AI.7840**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

Full Name (Last, First, Middle Initial)  
**C. Dr. Martha Van Clief**

Mailing Address 405 Apple Grove Road

City State Zip Code  
 Silver Spring MD 20904

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 First Colonies Anesthesia Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 10 / 25 / 2013  
**Transaction ID : SA11AI.7933**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Martha Van Clief**  
Full Name (Last, First, Middle Initial)

Mailing Address 405 Apple Grove Road

City Silver Spring State MD Zip Code 20904

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : SA11AI.8027**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

**B. Dr. Martha Van Clief**  
Full Name (Last, First, Middle Initial)

Mailing Address 405 Apple Grove Road

City Silver Spring State MD Zip Code 20904

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8124**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

**C. Dr. Martha Van Clief**  
Full Name (Last, First, Middle Initial)

Mailing Address 405 Apple Grove Road

City Silver Spring State MD Zip Code 20904

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8218**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 181 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Sanjay Vanguri**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9657 Atterbury Lane  
 City State Zip Code  
 Frederick MD 21704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2013  
**Transaction ID : SA11AI.7956**  
 Amount of Each Receipt this Period  
 25.00  
 Payroll deduction

**B. Dr. Sanjay Vanguri**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9657 Atterbury Lane  
 City State Zip Code  
 Frederick MD 21704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : SA11AI.8047**  
 Amount of Each Receipt this Period  
 25.00  
 Payroll deduction

**C. Dr. Sanjay Vanguri**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9657 Atterbury Lane  
 City State Zip Code  
 Frederick MD 21704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8144**  
 Amount of Each Receipt this Period  
 25.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 182 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Sanjay Vanguri**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9657 Atterbury Lane  
 City Frederick State MD Zip Code 21704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 31 / 2013**  
**Transaction ID : SA11AI.8238**  
 Amount of Each Receipt this Period **250.00**  
 Payroll deduction

**B. Dr. Paul Van Nice**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7101 Meadow Lane  
 City Chevy Chase State MD Zip Code 20815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 25 / 2013**  
**Transaction ID : SA11AI.7592**  
 Amount of Each Receipt this Period **50.00**  
 Payroll deduction

**C. Dr. Paul Van Nice**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7101 Meadow Lane  
 City Chevy Chase State MD Zip Code 20815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **08 / 23 / 2013**  
**Transaction ID : SA11AI.7691**  
 Amount of Each Receipt this Period **50.00**  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... **125.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Paul Van Nice**  
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Meadow Lane

City Chevy Chase State MD Zip Code 20815

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 25 / 2013**

**Transaction ID : SA11AI.7787**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

**B. Dr. Paul Van Nice**  
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Meadow Lane

City Chevy Chase State MD Zip Code 20815

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 25 / 2013**

**Transaction ID : SA11AI.7881**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

**C. Dr. Nicholas Visnich Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 10816 Willow Run Circle

City Potomac State MD Zip Code 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 25 / 2013**

**Transaction ID : SA11AI.7882**

Amount of Each Receipt this Period  
**25.00**

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>125.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 184 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Nicholas Visnich Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10816 Willow Run Circle  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : SA11AI.7975**  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction

**B. Dr. Nicholas Visnich Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10816 Willow Run Circle  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8066**  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction

**C. Dr. Nicholas Visnich Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10816 Willow Run Circle  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8163**  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 185 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Dr. Mark Vogt</b>		Date of Receipt MM / DD / YYYY 07 / 25 / 2013 <b>Transaction ID : SA11AI.7616</b>
Mailing Address 1149 Colonial Road		Amount of Each Receipt this Period 50.00
City McLean	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Mark Vogt</b>		Date of Receipt MM / DD / YYYY 08 / 23 / 2013 <b>Transaction ID : SA11AI.7717</b>
Mailing Address 1149 Colonial Road		Amount of Each Receipt this Period 50.00
City McLean	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Mark Vogt</b>		Date of Receipt MM / DD / YYYY 09 / 25 / 2013 <b>Transaction ID : SA11AI.7812</b>
Mailing Address 1149 Colonial Road		Amount of Each Receipt this Period 50.00
City McLean	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 186 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Mark Vogt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1149 Colonial Road  
 City McLean State VA Zip Code 22101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2013  
**Transaction ID : SA11AI.7905**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Mark Vogt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1149 Colonial Road  
 City McLean State VA Zip Code 22101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : SA11AI.7999**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Mark Vogt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1149 Colonial Road  
 City McLean State VA Zip Code 22101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8096**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Mark Vogt**  
Full Name (Last, First, Middle Initial)

Mailing Address 1149 Colonial Road

City McLean State VA Zip Code 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 31 / 2013**

**Transaction ID : SA11AI.8189**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**B. Dr. Christopher Wahlgren**  
Full Name (Last, First, Middle Initial)

Mailing Address 1200 Colvin Meadows Lane

City Great Falls State VA Zip Code 22066

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **07 / 25 / 2013**

**Transaction ID : SA11AI.7594**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**C. Dr. Christopher Wahlgren**  
Full Name (Last, First, Middle Initial)

Mailing Address 1200 Colvin Meadows Lane

City Great Falls State VA Zip Code 22066

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **08 / 23 / 2013**

**Transaction ID : SA11AI.7693**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 188 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Christopher Wahlgren**  
Full Name (Last, First, Middle Initial)

Mailing Address 1200 Colvin Meadows Lane

City State Zip Code  
Great Falls VA 22066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
09 / 25 / 2013  
**Transaction ID : SA11AI.7789**

Amount of Each Receipt this Period  
50.00

Payroll deduction

**B. Dr. Christopher Wahlgren**  
Full Name (Last, First, Middle Initial)

Mailing Address 1200 Colvin Meadows Lane

City State Zip Code  
Great Falls VA 22066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
10 / 25 / 2013  
**Transaction ID : SA11AI.7883**

Amount of Each Receipt this Period  
50.00

Payroll deduction

**C. Dr. Christopher Wahlgren**  
Full Name (Last, First, Middle Initial)

Mailing Address 1200 Colvin Meadows Lane

City State Zip Code  
Great Falls VA 22066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 25 / 2013  
**Transaction ID : SA11AI.7976**

Amount of Each Receipt this Period  
50.00

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 189 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Christopher Wahlgren**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 Colvin Meadows Lane  
 City State Zip Code  
 Great Falls VA 22066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8067**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. Christopher Wahlgren**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 Colvin Meadows Lane  
 City State Zip Code  
 Great Falls VA 22066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8164**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Dr. Timothy Wex**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11429 Cedar Ridge Drive  
 City State Zip Code  
 Potomac VA 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7617**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 190 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Timothy Wex**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11429 Cedar Ridge Drive  
 City Potomac State VA Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 23 / 2013  
**Transaction ID : SA11AI.7718**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Timothy Wex**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11429 Cedar Ridge Drive  
 City Potomac State VA Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2013  
**Transaction ID : SA11AI.7813**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Timothy Wex**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11429 Cedar Ridge Drive  
 City Potomac State VA Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2013  
**Transaction ID : SA11AI.7906**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 191 OF 221
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Timothy Wex**  
Full Name (Last, First, Middle Initial)

Mailing Address 11429 Cedar Ridge Drive

City Potomac State VA Zip Code 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : SA11AI.8000**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

**B. Dr. Timothy Wex**  
Full Name (Last, First, Middle Initial)

Mailing Address 11429 Cedar Ridge Drive

City Potomac State VA Zip Code 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8097**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

**C. Dr. Timothy Wex**  
Full Name (Last, First, Middle Initial)

Mailing Address 11429 Cedar Ridge Drive

City Potomac State VA Zip Code 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8190**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 192 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. David Wheeler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7108 Collingwood Court  
 City State Zip Code  
 Elkridge MD 21075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7631**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. David Wheeler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7108 Collingwood Court  
 City State Zip Code  
 Elkridge MD 21075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2013  
**Transaction ID : SA11AI.7750**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Dr. David Wheeler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7108 Collingwood Court  
 City State Zip Code  
 Elkridge MD 21075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2013  
**Transaction ID : SA11AI.7826**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 193 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. David Wheeler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7108 Collingwood Court  
 City State Zip Code  
 Elkridge MD 21075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2013  
**Transaction ID : SA11AI.7919**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. David Wheeler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7108 Collingwood Court  
 City State Zip Code  
 Elkridge MD 21075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : SA11AI.8013**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Dr. David Wheeler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7108 Collingwood Court  
 City State Zip Code  
 Elkridge MD 21075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8110**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ► 150.00  
**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 194 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. David Wheeler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7108 Collingwood Court  
 City State Zip Code  
 Elkridge MD 21075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8203**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. Thomas Wherry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 611 W. 2nd Street  
 City State Zip Code  
 Frederick MD 21701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7661**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Dr. Thomas Wherry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 611 W. 2nd Street  
 City State Zip Code  
 Frederick MD 21701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2013  
**Transaction ID : SA11AI.7735**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 195 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Thomas Wherry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 611 W. 2nd Street  
 City State Zip Code  
 Frederick MD 21701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2013  
**Transaction ID : SA11AI.7841**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. Thomas Wherry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 611 W. 2nd Street  
 City State Zip Code  
 Frederick MD 21701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2013  
**Transaction ID : SA11AI.7934**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Dr. Thomas Wherry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 611 W. 2nd Street  
 City State Zip Code  
 Frederick MD 21701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : SA11AI.8028**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ► 150.00  
**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 196 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Dr. Thomas Wherry</b>		Date of Receipt MM / DD / YYYY 12 / 24 / 2013 <b>Transaction ID : SA11AI.8125</b>
Mailing Address 611 W. 2nd Street		Amount of Each Receipt this Period 50.00
City Frederick	State MD	Zip Code 21701
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Thomas Wherry</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2013 <b>Transaction ID : SA11AI.8219</b>
Mailing Address 611 W. 2nd Street		Amount of Each Receipt this Period 50.00
City Frederick	State MD	Zip Code 21701
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Howard Wilpon</b>		Date of Receipt MM / DD / YYYY 07 / 25 / 2013 <b>Transaction ID : SA11AI.7670</b>
Mailing Address 18212 Wickham Road		Amount of Each Receipt this Period 50.00
City Olney	State MD	Zip Code 20832
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 197 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Howard Wilpon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18212 Wickham Road  
 City Olney State MD Zip Code 20832  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 23 / 2013  
**Transaction ID : SA11AI.7743**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Howard Wilpon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18212 Wickham Road  
 City Olney State MD Zip Code 20832  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2013  
**Transaction ID : SA11AI.7833**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Howard Wilpon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18212 Wickham Road  
 City Olney State MD Zip Code 20832  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2013  
**Transaction ID : SA11AI.7926**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 OF 221
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Howard Wilpon**  
Full Name (Last, First, Middle Initial)

Mailing Address 18212 Wickham Road

City Olney State MD Zip Code 20832

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : SA11AI.8020**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

**B. Dr. Howard Wilpon**  
Full Name (Last, First, Middle Initial)

Mailing Address 18212 Wickham Road

City Olney State MD Zip Code 20832

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8117**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

**C. Dr. Howard Wilpon**  
Full Name (Last, First, Middle Initial)

Mailing Address 18212 Wickham Road

City Olney State MD Zip Code 20832

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8210**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 199 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Monfold Wolf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4822 Tilly Dr.  
 City Sykesville State MD Zip Code 21784  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7664**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Monfold Wolf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4822 Tilly Dr.  
 City Sykesville State MD Zip Code 21784  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2013  
**Transaction ID : SA11AI.7738**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Monfold Wolf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4822 Tilly Dr.  
 City Sykesville State MD Zip Code 21784  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2013  
**Transaction ID : SA11AI.7838**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Monfold Wolf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4822 Tilly Dr.  
 City Sykesville State MD Zip Code 21784  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2013  
**Transaction ID : SA11AI.7931**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Monfold Wolf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4822 Tilly Dr.  
 City Sykesville State MD Zip Code 21784  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 25 / 2013  
**Transaction ID : SA11AI.8025**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Monfold Wolf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4822 Tilly Dr.  
 City Sykesville State MD Zip Code 21784  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 24 / 2013  
**Transaction ID : SA11AI.8122**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Monfold Wolf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4822 Tilly Dr.  
 City Sykesville State MD Zip Code 21784  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8216**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. You Wu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 910 Dunlavin Ct.  
 City Timonium State MD Zip Code 21093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7632**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. You Wu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 910 Dunlavin Ct.  
 City Timonium State MD Zip Code 21093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 23 / 2013  
**Transaction ID : SA11AI.7749**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 202 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. You Wu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 910 Dunlavin Ct.  
 City Timonium State MD Zip Code 21093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2013  
**Transaction ID : SA11AI.7827**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. You Wu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 910 Dunlavin Ct.  
 City Timonium State MD Zip Code 21093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2013  
**Transaction ID : SA11AI.7920**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. You Wu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 910 Dunlavin Ct.  
 City Timonium State MD Zip Code 21093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 25 / 2013  
**Transaction ID : SA11AI.8014**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. You Wu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 910 Dunlavin Ct.  
 City Timonium State MD Zip Code 21093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8111**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. You Wu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 910 Dunlavin Ct.  
 City Timonium State MD Zip Code 21093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8204**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. David Wyler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6912 Granite Ridge Court  
 City Baltimore State MD Zip Code 21209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7663**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 OF 221  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. David Wyler**

Mailing Address 6912 Granite Ridge Court

City Baltimore State MD Zip Code 21209

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
**08 / 23 / 2013**

**Transaction ID : SA11AI.7737**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

Full Name (Last, First, Middle Initial)  
**B. David Wyler**

Mailing Address 6912 Granite Ridge Court

City Baltimore State MD Zip Code 21209

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
**09 / 25 / 2013**

**Transaction ID : SA11AI.7839**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

Full Name (Last, First, Middle Initial)  
**C. David Wyler**

Mailing Address 6912 Granite Ridge Court

City Baltimore State MD Zip Code 21209

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
**10 / 25 / 2013**

**Transaction ID : SA11AI.7932**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **150.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 OF 221
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
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	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. David Wyler**  
Full Name (Last, First, Middle Initial)

Mailing Address 6912 Granite Ridge Court

City Baltimore State MD Zip Code 21209

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : SA11AI.8026**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

**B. David Wyler**  
Full Name (Last, First, Middle Initial)

Mailing Address 6912 Granite Ridge Court

City Baltimore State MD Zip Code 21209

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8123**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

**C. David Wyler**  
Full Name (Last, First, Middle Initial)

Mailing Address 6912 Granite Ridge Court

City Baltimore State MD Zip Code 21209

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8217**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 206 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Aiqin Yu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13508 Gumspring Road  
 City State Zip Code  
 Rockville MD 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2013  
**Transaction ID : SA11AI.7595**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. Aiqin Yu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13508 Gumspring Road  
 City State Zip Code  
 Rockville MD 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2013  
**Transaction ID : SA11AI.7694**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Dr. Aiqin Yu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13508 Gumspring Road  
 City State Zip Code  
 Rockville MD 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2013  
**Transaction ID : SA11AI.7790**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 207 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Ai Qin Yu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13508 Gumspring Road  
 City State Zip Code  
 Rockville MD 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2013  
**Transaction ID : SA11AI.7884**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. Ai Qin Yu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13508 Gumspring Road  
 City State Zip Code  
 Rockville MD 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : SA11AI.7977**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Dr. Ai Qin Yu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13508 Gumspring Road  
 City State Zip Code  
 Rockville MD 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8068**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 208 OF 221
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Aiqin Yu**  
Full Name (Last, First, Middle Initial)

Mailing Address 13508 Gumspring Road

City Rockville	State MD	Zip Code 20850
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

**Transaction ID : SA11AI.8165**

Amount of Each Receipt this Period  

50.00
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Payroll deduction

**B. Dr. Jungim Yun**  
Full Name (Last, First, Middle Initial)

Mailing Address 2057 Thurston Road

City Frederick	State MD	Zip Code 21704
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2013

**Transaction ID : SA11AI.7645**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

**C. Dr. Jungim Yun**  
Full Name (Last, First, Middle Initial)

Mailing Address 2057 Thurston Road

City Frederick	State MD	Zip Code 21704
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2013

**Transaction ID : SA11AI.7763**

Amount of Each Receipt this Period  

50.00
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Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 209 OF 221
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Jungim Yun**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2057 Thurston Road

City Frederick	State MD	Zip Code 21704
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2013

**Transaction ID : SA11AI.7857**

Amount of Each Receipt this Period  
50.00

Payroll deduction

**B. Dr. Jungim Yun**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2057 Thurston Road

City Frederick	State MD	Zip Code 21704
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2013

**Transaction ID : SA11AI.7951**

Amount of Each Receipt this Period  
50.00

Payroll deduction

**C. Dr. Jungim Yun**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2057 Thurston Road

City Frederick	State MD	Zip Code 21704
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2013

**Transaction ID : SA11AI.8042**

Amount of Each Receipt this Period  
50.00

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 210 OF 221  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Jungim Yun**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2057 Thurston Road  
 City State Zip Code  
 Frederick MD 21704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : SA11AI.8139**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. Jungim Yun**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2057 Thurston Road  
 City State Zip Code  
 Frederick MD 21704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.8233**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	31840.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Anesthesiologist PAC MD**

Mailing Address 18 Pinkney Street

City Annapolis State MD Zip Code 21401

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2013

Transaction ID : SB29.7556

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**B. CHESAPEAKE PAC**

Mailing Address 170 OLD ENTERPRISE ROAD  
PO BOX 5323

City UPPER MARLORO State MD Zip Code 20774

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 18 / 2013

Transaction ID : SB29.7574

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Citizens for Adrienne Jones**

Mailing Address 17 W. Courtland St.  
Suite 210

City Bel Air State MD Zip Code 21014

Purpose of Disbursement  
Contributions

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: MD District: 10

Date of Disbursement

MM / DD / YYYY  
12 / 18 / 2013

Transaction ID : SB29.7573

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9250.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Citizens for Brian Feldman**

Mailing Address PO Box 34408

City State Zip Code  
Bethesda MD 20827

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2013

**Transaction ID : SB29.7552**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Citizens for Brian Feldman**

Mailing Address PO Box 34408

City State Zip Code  
Bethesda MD 20827

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2013

**Transaction ID : SB29.7559**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Citizens for Delores Kelley**

Mailing Address PO Box 21514

City State Zip Code  
Baltimore MD 21282

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: MD District: 10

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2013

**Transaction ID : SB29.7545**

Amount of Each Disbursement this Period

750.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2750.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Citizens for Douglas Peters**

Mailing Address 15714 Pointer Ridge Road

City State Zip Code  
Bowie MD 20716

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 17 / 2013

Transaction ID : SB29.7565

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Catherine E. Pugh**

Mailing Address 819 E. Baltimore St.

City State Zip Code  
Baltimore MD 21202

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: MD District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 17 / 2013

Transaction ID : SB29.7563

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Eric Bromwell**

Mailing Address 1 Minte Drive

City State Zip Code  
Baltimore MD 21236

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: MD District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 17 / 2013

Transaction ID : SB29.7564

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1250.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Joan Carter Conway**

Mailing Address 2831 Hillen St.

City Baltimore State MD Zip Code 21218

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: MD District: 43

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2013

Transaction ID : SB29.7549

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Ted Sophocleus**

Mailing Address 6584 Brentwood Road

City Linthicum State MD Zip Code 21090

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2013

Transaction ID : SB29.7546

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Elect John Cardin**

Mailing Address 211 St. Paul Place

City Baltimore State MD Zip Code 21202

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2013

Transaction ID : SB29.7542

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Friends of Anthony G. Brown**

Mailing Address 1010 Hull Street  
Suite 202

City Baltimore State MD Zip Code 21230

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: MD District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2013

**Transaction ID : SB29.7551**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Friends of Clarence Lam**

Mailing Address PO Box 891

City Columbia State MD Zip Code 21044

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2013

**Transaction ID : SB29.7570**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Friends of David Brinkley**

Mailing Address PO Box 321

City New Market State MD Zip Code 21774

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2013

**Transaction ID : SB29.7560**

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Friends of Jim Mathias**

Mailing Address 3546 Figgs Landing Road

City Snow Hill State MD Zip Code 21863

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2013

**Transaction ID : SB29.7568**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Friends of Joanne Benson**

Mailing Address PO Box 4700

City Capitol Heights State MD Zip Code 20791

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2013

**Transaction ID : SB29.7569**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Friends of Kathy Szeliga**

Mailing Address PO Box 40

City Kingsville State MD Zip Code 21087

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY  
08 / 09 / 2013

**Transaction ID : SB29.7537**

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Friends of Ken Ulman**

Mailing Address 6030 Daybreak Circle, Suite 150

City Clarksville State MD Zip Code 21029

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	0		2	0	1	3

**Transaction ID : SB29.7557**

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Friends of Kirill Reznik**

Mailing Address 18469 Stone Hollow Dr.

City Germantonw State MD Zip Code 20874

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: MD District: 39

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	1	3

**Transaction ID : SB29.7572**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Friends of Mary-Dulany James**

Mailing Address PO Box 417

City Havre de Grace State MD Zip Code 21078

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: MD District: 34

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	1	3

**Transaction ID : SB29.7555**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5	2	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**TOTAL** This Period (last page this line number only)..... ▶

5	2	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Friends of Pete Hammen**

Mailing Address 188 Main Street  
Suite 1

City Annapolis State MD Zip Code 21401

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: MD District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2013

Transaction ID : **SB29.7554**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Roger Manno**

Mailing Address 2138 Merrifields Dr.

City Silver Spring State MD Zip Code 20906

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: MD District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2013

Transaction ID : **SB29.7548**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Susan Krebs**

Mailing Address 5835 Monroe Avenue

City Eldersburg State MD Zip Code 21784

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2013

Transaction ID : **SB29.7550**

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2250.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Supports of Thomas Middleton**

Mailing Address 11 Bladen Street

City Annapolis State MD Zip Code 21401

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: MD District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2013

Transaction ID : SB29.7567

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1000.00

**TOTAL** This Period (last page this line number only)..... ▶

29750.00

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H4.7533
Barbara Marx Brocato & Associates
Mailing Address 18 Pinkney Street
City Annapolis State MD Zip Code 21401
Purpose of Disbursement: Lobbying expense
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 12440.21
Date: 08 / 02 / 2013
FEDERAL SHARE: 0.00 NONFEDERAL SHARE: 2500.00 TOTAL AMOUNT: 2500.00

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.7534
Barbara Marx Brocato & Associates
Mailing Address 18 Pinkney Street
City Annapolis State MD Zip Code 21401
Purpose of Disbursement: Lobbying expense
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 15151.89
Date: 10 / 31 / 2013
FEDERAL SHARE: 0.00 NONFEDERAL SHARE: 2711.68 TOTAL AMOUNT: 2711.68

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.7535
Barbara Marx Brocato & Associates
Mailing Address 18 Pinkney Street
City Annapolis State MD Zip Code 21401
Purpose of Disbursement: Lobbying expense
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 16401.89
Date: 11 / 19 / 2013
FEDERAL SHARE: 0.00 NONFEDERAL SHARE: 1250.00 TOTAL AMOUNT: 1250.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 6461.68, 6461.68

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: (empty), (empty), (empty)

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H4.7536
Barbara Marx Brocato & Associates
Mailing Address 18 Pinkney Street
City Annapolis State MD Zip Code 21401
Purpose of Disbursement: Lobbying expense
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 17840.01
Date: 12/18/2013
FEDERAL SHARE: 0.00 NONFEDERAL SHARE: 1438.12 TOTAL AMOUNT: 1438.12

Form B: Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement:
Activity or Event Identifier:
Allocated Activity or Event:
Allocated Activity or Event Year-To-Date:
Date:
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

Form C: Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement:
Activity or Event Identifier:
Allocated Activity or Event:
Allocated Activity or Event Year-To-Date:
Date:
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 1438.12, 1438.12

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 7899.80, 7899.80